


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90351 031 \*\*\*\*50.00

<b>DOCUMENT # L04000059089</b> 1. Entity Name <b>909 VIRGINIA, LLC</b>					
Principal Place of Business <b>2932 STAPLES AVENUE KEY WEST FL 33040</b>			Mailing Address <b>2932 STAPLES AVENUE KEY WEST FL 33040</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent  <b>GUTTENMACHER, EDWARD P ESQ 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>DEPOO, JR., PAUL JULIO TRUSTEE</b> <b>2932 STAPLES AVE</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Paul Depoo</u> <b>PAUL DEPOO</b>			Date: <u>3/2/05</u> (2005) 942-4914		