2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 02, 2005 8:00 am Secretary of State DOCUMENT # L04000059089 03-15-2005 90351 031 ****50.00 1. Entity Name 909 VIRGINIA, LLC Principal Place of Business Mailing Address 2932 STAPLES AVENUE KEY WEST FL 33040 2932 STAPLES AVENUE KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Ζiρ Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTTENMACHER, EDWARD P ESQ** Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD, PENTHOUSE 8 CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES. 10. TITLE MGRM ☐ Delete FITLE ☐ Addition ☐ Change DEPOO, JR., PAUL JULIO TRUSTEE NAME PAME STREET ADDRESS 2932 STAPLES AVE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP DILE ☐ Delete 7111 F ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition iuni MAKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Deleta UTLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. NP CITY-SI-7IP TITLE Derete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE fill f ☐ Deteta Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-21P 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 companyor the repetiter or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 36100 YAUL JE POO SIGNATURE

RENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR

FILED