

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059399

FILED
Apr 05, 2005
Secretary of State

Entity Name: 4TH AVENUE EAST, LLC

Current Principal Place of Business:

1009 SIMONTON STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

1009 SIMONTON STREET
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0910777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHFIELD, GARY
1009 SIMONTON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BURCHFIELD, GARY
Address: 1009 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR () Delete
Name: SWAN, EDWIN
Address: 2201 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19802 US

Title: MGR () Delete
Name: SWAN, ANNE
Address: 2201 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19802 US

Title: MGR () Delete
Name: SWAN, TONI
Address: 2201 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19802 US

Title: MGR () Delete
Name: SWAN, ANDREA
Address: 2201 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19802 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY BURCHFIELD

MGR

04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date