

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000059399**

1. Entity Name  
**4TH AVENUE EAST, LLC**



Principal Place of Business  
**1009 SIMONTON STREET  
KEY WEST, FL 33040 US**

Mailing Address  
**1009 SIMONTON STREET  
KEY WEST, FL 33040 US**



01192006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0910777**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BURCHFIELD, GARY
STREET ADDRESS	1009 SIMONTON STREET
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGR
NAME	SWAN, EDWIN
STREET ADDRESS	2201 NORTH MARKET STREET
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	MGR
NAME	SWAN, ANNE
STREET ADDRESS	2201 NORTH MARKET STREET
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	MGR
NAME	SWAN, TONI
STREET ADDRESS	2201 NORTH MARKET STREET
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	MGR
NAME	SWAN, ANDREA
STREET ADDRESS	2201 NORTH MARKET STREET
CITY-ST-ZIP	WILMINGTON, DE 19802
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000417851  
02/13/06-80074-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Edwin Swan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/06  
Date

302 690-0520  
Daytime Phone #