

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2009  
Secretary of State**

DOCUMENT# L04000084068

Entity Name: WILLIAM C BROWN KW LLC

**Current Principal Place of Business:**

1205 TRUMAN AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1363  
PO BOX 1363  
KEY WEST, FL 33041

**New Mailing Address:**

FEI Number: 20-1918674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, WILLIAM C  
Address: P.O. BOX 1363  
City-St-Zip: KEY WEST, FL 33041

Title: MGR ( ) Delete  
Name: BROWN, EMILY H  
Address: P.O. BOX 1363  
City-St-Zip: KEY WEST, FL 33041

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: WILLIAM C BROWN

MGR

04/19/2009

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