

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000084068

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**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  
**Name:** BROWN, WILLIAM C  
**Address:** P.O. BOX 1363  
**City-St-Zip:** KEY WEST, FL 33041

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

I hereby 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 BRWON

MGR

01/11/2010

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