2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# L05000016585

Entity Name: 1122 SIMONTON RESIDENCES, LLC

Current Principal Place of Business:

1122 SIMONTON STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040

New Mailing Address:

506 LOUISA STREET
KEY WEST, FL 33040

FEI Number: 20-2371672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRELLY, GREGORY G
C/O CATALFOMO & FARRELLY
506 LOUISA 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/MANAGERS:

Title: MGRM ( ) Delete
Name: SULLIVAN, CAROLYN J
Address: 913 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: VITALE, CARMELO
Address: 913 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: FAIRBANK LENNON, LLC,
Address: 1424 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN J. SULLIVAN MGRM 01/30/2007

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