2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016585

Address:

City-St-Zip:

1424 WHITE STREET

KEY WEST, FL 33040

Entity Name: 1122 SIMONTON RESIDENCES, LLC

FILED Mar 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1122 SIMONTON STREET KEY WEST, FL 33040 **Current Mailing Address: 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: Name and Address of New Registered Agent: FARRELLY, GREGORY G C/O CATALFOMO & FARRELLY 506 LOUISA STREET KEY WEST, FL 33040 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SULLIVAN, CAROLYN J Name: Name: Address: 913 WHITE STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VITALE, CARMELO Name: Address: 913 WHITE STREET Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FAIRBANK LENNON, LLC, Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CAROLYN J. SULLIVAN MGRM 03/06/2008