

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016585

FILED
Apr 21, 2009
Secretary of State

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:

506 LOUISA STREET
KEY WEST, FL 33040

New Mailing Address:

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 (X) 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 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 SULLIVAN

MGRM

04/21/2009

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