### **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L05000044026

5625 MACDONALD, LLC



**FILED** Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

5625 MACDONALD AVENUE KEY WEST, FL 33040

Mailing Address

PO BOX 1527 KEY WEST, FL 33041



04212008 No Chg-LLC DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 26-0308804 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

HUGHES, ERIÇA N **500 FLEMING STREET** KEY WEST, FL 33040

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent	
	Hoose
SIGNATURE	U00000936868

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSI FAMILY LIMITED PARTNERSHIP P.O. BOX 1527 KEY WEST, FL 33041
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby of indicated	pertify that the information supplied with this filing does not qualify for the exe on this report is true and accurate and <b>liket</b> my signature shall have the same

# DO NOT WRITE IN THIS SPACE

emptions contained in Chapter 119, Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or tru

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE