07/05/2006 15:08 630-393-0208 LAUZEN ACC

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Jul 18, 2006 8:00 am
Secretary of State
07-18-2006 90006 004 ****50.00

20)6 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUM ENT # L05000044703

1. Entity Name
VON PHIS' ER, LLC

Principal Place (f Business
1001 VON PHI TER STREET
KEY WEST, FL 33040

Mailing Address
1001 VON PHISTER STREET
KEY WEST, FL 33040

07052006 Chg-LLC CR2E083 (11/05)

2. Principal Pla: e of Business	3. Mailing Address
Suite, Apt. #, tc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3195260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KELLEY, SE IN W ESQ.
619 EATON STREET
SUITE 2
KEY WEST, FL 33040

7. Name and Address of New Registered Agent
Name MCMILLIN, KAY ANN
Street Address (P.O. Box Number is Not Acceptable)
1001 VON PHISTER ST.
City KEY WEST FL Zip Code 33040

8. The above na ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE X [signature] 7/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MCMILLIN, KAY ANN		NAME	
STREET ADDRESS	1001 VON PHISTER STREET		STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X [signature] 6/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #