

07/03/2007 09:05 630-393-0208

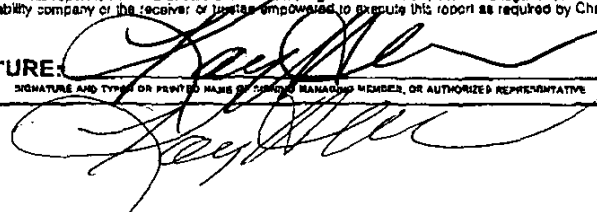
LAUZEN

7/13

FILED
Aug 23, 2007 8:00 am
Secretary of State

07-13-2007 90033 001 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000044703																																		
1. Entity Name VON PHISTER, LLC																																		
Principal Place of Business 1001 VON PHISTER STREET KEY WEST, FL 33040		Mailing Address 1001 VON PHISTER STREET KEY WEST, FL 33040																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent MCMILLIN, KAY ANN 1001 VON PHISTER ST 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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																		
SIGNATURE _____ (NOTE: Registered Agent signature required unless not applicable) DATE _____																																		
Filing Fee is \$50.00 Due by September 14, 2007																																		
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE</td> <td>MGRM</td> </tr> <tr> <td>NAME</td> <td>MCMILLIN, KAY ANN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1001 VON PHISTER STREET</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>KEY WEST, FL 33040</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table> DO NOT WRITE IN THIS SPACE			TITLE	MGRM	NAME	MCMILLIN, KAY ANN	STREET ADDRESS	1001 VON PHISTER STREET	CITY- ST- ZIP	KEY WEST, FL 33040	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
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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:  SIGNATURE AND TYPE OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____																																		

66021354

07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3195280Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required