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Secretary of State
07-13-2007 90033 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000044703

1. Entity Name
VON PHISTER, LLC

66021354

Principal Place of Business	Mailing Address
1001 VON PHISTER STREET KEY WEST, FL 33040	1001 VON PHISTER STREET KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

07032007No Chg-LLC CR2E083 (11/05)

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

MCMILLIN, KAY ANN
1001 VON PHISTER ST
KEY WEST, FL 33040

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
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	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #