# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 06, 2009**
**Secretary of State**

DOCUMENT# L05000064463

**Entity Name:** ALBURY STREET, LLC

**Current Principal Place of Business:**

221 SIMONTON STRET
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3201 FLAGLER AVE
#507
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number: 20-3080270** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARDENAS, SUSAN M
221 SIMONTON STRET
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: CARDENAS, SUSAN M
Address: 221 SIMONTON STRET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: BELOBRAIDICH, WILLIAM R
Address: 902 FLORIDA 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:

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: WILLIAM R. BELOBRAIDICH, DDS,PA. DR. 02/06/2009

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