
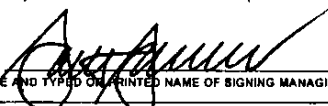


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90039 036 \*\*\*138.75

<b>DOCUMENT # L05000105336</b> 1. Entity Name <b>412 WHITE STREET, LLC</b>					
Principal Place of Business <b>201 FRONT ST., SUITE 109 KEY WEST, FL 33040</b>			Mailing Address <b>201 FRONT ST., SUITE 109 KEY WEST, FL 33040</b>		
2. Principal Place of Business - No P.O. Box # <b>412 White Street</b>		3. Mailing Address <b>412 White Street</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Key West, FL</b>		City & State <b>Key West, FL</b>		4. FEI Number <b>20-3714436</b>	
Zip <b>33040</b>		Country <b>MONROE</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33040</b>		Country <b>MONROE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAUNDERS, SCOTT 201 FRONT ST., SUITE 109 KEY WEST, FL 33040</b>			7. Name and Address of New Registered Agent Name <b>Saunders, Scott</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 White Street</b> City <b>Key West</b> <b>FL</b> Zip Code <b>33040</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, SCOTT 201 FRONT ST., SUITE 109 KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>412 White Street Key West, FL 33040</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, ANDREW 201 FRONT ST., SUITE 109 KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>412 White Street Key West, FL 33040</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 				<b>1/14/08 (305) 294-5505</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	