

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020520

FILED
Apr 30, 2009
Secretary of State

Entity Name: 300 WEST DEARBORN STREET, LLC.

Current Principal Place of Business:

370 WEST DEARBORN STREET
SUITE A
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

300 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

Current Mailing Address:

370 WEST DEARBORN STREET
SUITE A
ENGLEWOOD, FL 34223 US

New Mailing Address:

300 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

FEI Number: 20-4649118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ELAINE A
370 WEST DEARBORN STREET
SUITE A
ENGLEWOOD, FL 34233 US

Name and Address of New Registered Agent:

MILLER, ELAINE A
300 WEST DEARBORN STREET
ENGLEWOOD, FL 34233 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, ELAINE A
Address: 370 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM (X) Delete
Name: SANCHEZ, MANUEL
Address: 370 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM () Delete
Name: BLAHA, MICHAEL R
Address: 15348 GRANTLEY DR.
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: MGRM () Delete
Name: BLAHA, JEAN
Address: 15348 GRANTLEY DR.
City-St-Zip: CHESTERFIELD, MO 63017 US

Title: MGRM () Delete
Name: BLAHA, JAMES S
Address: 4930 S. WARWICK AVE.
City-St-Zip: SPRINGFIELD, MO 65804 US

Title: MGRM () Delete
Name: BLAHA, BARBARA J
Address: 4930 S. WARWICK AVE.
City-St-Zip: SPRINGFIELD, MO 65804 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, ELAINE A
Address: 300 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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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: ELAINE A. MILLER

MGRM

04/30/2009

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