


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000041568</b> 1. Entity Name 691 WEST TENNESSEE, LLC	
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Principal Place of Business PRIVATE MAIL BOX #157 1700 N. MONROE STREET, STE. 11 TALLAHASSEE, FL 32303	Mailing Address PRIVATE MAIL BOX #157 1700 N. MONROE STREET, STE. 11 TALLAHASSEE, FL 32303
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**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4742606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KING, KIMBERLY L  
2121-G KILLARNEY WAY  
TALLAHASSEE, FL 32309

**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 when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

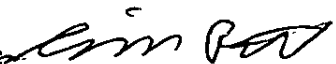
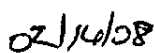
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, SAILESH M 691 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000848230  
03/20/08-80009-004 138.75

**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 SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #