

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041568

Entity Name: 691 WEST TENNESSEE, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

PRIVATE MAIL BOX #157  
1700 N. MONROE STREET, STE. 11  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PRIVATE MAIL BOX #157  
1700 N. MONROE STREET, STE. 11  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 20-4742606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KING, KIMBERLY L  
2121-G KILLARNEY WAY  
TALLAHASSEE, FL 32309 US

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

PATEL, SAILESH MGR  
691 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 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: SAILESH PATEL

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PATEL, SAILESH M  
Address: 691 WEST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32304

**ADDITIONS/CHANGES:**

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: SAILESH PATEL

MGR

03/25/2009

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