2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90366 020 ****55.00

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1. Entity Name
616 GREENE STREET, LLC

Principal Place of Business	Mailing Address
616 GREENE STREET KEY WEST, FL 33040 US	616 GREENE STREET KEY WEST, FL 33040 US

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02232007 Chg-LLC CR2E083 (12/06)
City & State	City & State	**4.** FEI Number / Applied For / ☒ Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BROCK, LINDSEY C III 9995 GATE PARKWAY STE. 190 JACKSONVILLE, FL 32246	Name RIEKE, LINDA Street Address (P.O. Box Number is Not Acceptable) 616 GREENE ST. City KEY WEST FL Zip Code 33040

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 _Linda Rieke_   4/18/07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS	**10.**	ADDITIONS/CHANGES
TITLE MGRM NAME GREENE STREET CORP. STREET ADDRESS 616 GREENE STREET CITY-ST-ZIP KEY WEST, FL 33040	☐ Delete	TITLE NAME RIEKE, LINDA STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _Linda Rieke_   LINDA RIEKE   4/18/07   305-292-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #