

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90069 006 ***138.75

DOCUMENT # L07000006069	
1. Entity Name 2609 HILL STREET, LLC	

Principal Place of Business 158 BARBERRY LANE PONTE VEDRA BEACH FL 32082	Mailing Address 158 BARBERRY LANE PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-8250684	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LATSHAW, JOHN H ESQ. 158 BARBERRY LANE PONTE VEDRA BEACH FL 32082	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent's signature is required when renewing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member ☐ Change ☒ Addition John H. Latshaw, Jr. 158 Barberrry Lane Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member ☐ Change ☒ Addition Susan F. Latshaw 158 Barberrry Lane Ponte Vedra Beach, FL 32082
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 Section 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 *John H. Latshaw, Jr.* **John H. Latshaw, Jr.** 1/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #