

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018684

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: 801/803 ELIZABETH STREET, L.L.C.

**Current Principal Place of Business:**

801 & 803 ELIZABETH STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

525 CAROLINE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MEYERS, MARY BETH CPA  
3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040 US

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

KELLY, ROBERT E JR  
525 CAROLINE ST  
KEY WEST, FL 33040 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: ROBERT E KELLY JR

03/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRAWN, PETER N MD  
Address: 525 CAROLINE STREET  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRAWN, PETER N  
Address: 525 CAROLINE STREET  
City-St-Zip: KEY WEST, FL 33040 US

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: PETER N BRAWN

MGRM

03/08/2009

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