

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000020262

Entity Name: ANN STREET, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

213 ANN STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

4750 CAMP ROOSEVELT DRIVE
CHESAPEAKE BEACH, MD 20732

New Mailing Address:

FEI Number: 59-3841314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZOT, WALTER
617 FLEMING STREET, #8
KEW WYEST, FL 33040 US

Name and Address of New Registered Agent:

SZOT, WALTER
617 FLEMING STREET
#8
KEW WYEST, 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:

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MALLARD, LEO
Address: 4750 CAMP ROOSEVELT DRIVE
City-St-Zip: CHESAPEAKE BEACH, MD 20732

Title: MGRM () Delete
Name: BARRETT, DONNA
Address: 4750 CAMP ROOSEVELT DRIVE
City-St-Zip: CHESAPEAKE BEACH, MD 20732

Title: MGRM () Delete
Name: SZOT, WALTER
Address: P.O. BOX 208
City-St-Zip: MECHANICSVILLE, MD 20659

Title: MGRM () Delete
Name: SZOT, DAWN
Address: P.O. BOX 208
City-St-Zip: MECHANICSVILLE, MD 20659

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MALLARD, LEO F
Address: 4750 CAMP ROOSEVELT DRIVE
City-St-Zip: CHESAPEAKE BEACH, MD 20732

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEO MALLARD

MGRM

03/05/2009

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