

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067096

FILED
Feb 16, 2009
Secretary of State

Entity Name: ANTIQUES ON WEST DEARBORN LLC

Current Principal Place of Business:

446 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

441 WEST DEARBORN
ENGLEWOOD, FL 34223 US

Current Mailing Address:

446 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

New Mailing Address:

441 WEST DEARBORN
ENGLEWOOD, FL 34223 US

FEI Number: 26-0366013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVENBERG, BETHIA M
446 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

LOVENBERG, BETHIA M
441 WEST DEARBORN STREET
ENGLEWOOD, FL 34223 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: BETHIA LOVENBERG

02/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOVENBERG, BETHIA M
Address: 446 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR () Delete
Name: BERNICK, ALBERT E
Address: 446 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOVENBERG, BETHIA M
Address: 441 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR (X) Change () Addition
Name: BERNICK, ALBERT E
Address: 441 WEST DEARBORN STREET
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGR () Change (X) Addition
Name: HITCHINGHAM, THOMAS W
Address: 1791 FAUN ROAD
City-St-Zip: VENICE, FL 34293

Title: MGR () Change (X) Addition
Name: HITCHINGHAM, AMIE E
Address: 1791 FAUN ROAD
City-St-Zip: VENICE, FL 34293

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: BETHIA LOVENBERG

MGRM

02/16/2009

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