

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002027

Entity Name: 5730 FOURTH AVENUE, LLC

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

5730 FOURTH AVENUE  
STOCK ISLAND, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 169  
KEY WEST, FL 33040 US

**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:**

DIDATO, THOMAS J  
526 SOUTHARD STREET  
KEY WEST, FL 33040 US

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

DIDATO, THOMAS J  
605-B UNITED STREET  
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:

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RENIER, CHARLES  
Address: 3 COCONUT DRIVE  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: RENIER, LEAH  
Address: 3 COCONUT DRIVE  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RENIER, CHARLES  
Address: 6840 FRONT STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM (X) Change ( ) Addition  
Name: RENIER, LEAH  
Address: 6840 FRONT 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: CHARLES RENIER

MGRM

04/22/2009

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