

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074834

Entity Name: UNIT ONE ELEVEN, LLC

FILED  
Jun 26, 2009  
Secretary of State

## Current Principal Place of Business:

3615 SUNRISE DR  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

3615 SUNRISE DR  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 26-4422697      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HOGAN, JOHN F  
317 WHITEHEAD ST  
KEY WEST, FL 33040      US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AJH EDUCON, INC  
Address: 3615 SUNRISE DR  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: PESCADOR, LLC  
Address: 7 BOULDER DR  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: BLACKBIRD PROJECT, LLC  
Address: 123 KEY HAVEN RD  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: BEICHEK, BARBARA  
Address: 18 PINWOOD LN  
City-St-Zip: OAK BLUFFS, MA 02557 FD

Title: MGRM ( ) Delete  
Name: CAREY, BROOKS  
Address: 21512 ASTURIAS RD  
City-St-Zip: CUDJOE KEY, FL 33042

Title: MGRM (X) Delete  
Name: CAREY, REBECCA  
Address: 21512 ASTURIAS RD  
City-St-Zip: CUDJOE KEY, FL 33042

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: COSCARY, KAREN  
Address: 815 PEACOCK PLAZA  
City-St-Zip: KEY WEST, FL 33040

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

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

Title: MGRM (X) Change ( ) Addition  
Name: ACEVEDO, MANUEL  
Address: 737 UNITED STREET  
City-St-Zip: KEY WEST, FL 33042

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: AJH EDUCON, INC

MGRM

06/26/2009

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