2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2012
Secretary of State

DOCUMENT# L08000074834

Entity Name: UNIT ONE ELEVEN, LLC

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 ( )**

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
Name: AJH EDUCON, INC
Address: 3615 SUNRISE DR
City-St-Zip: KEY WEST, FL 33040

Title: MGRM
Name: COSCARY, KAREN
Address: 815 PEACOCK PLAZA
City-St-Zip: KEY WEST, FL 33040

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

Title: MGRM
Name: BEICHEK, BARBARA
Address: 18 PINEWOOD LN
City-St-Zip: OAK BLUFFS, MA 02557 FD

Title: MGRM
Name: ACEVEDO, MANUEL
Address: 737 UNITED STREET
City-St-Zip: KEY WEST, FL 33042

I hereby 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 Statues.

SIGNATURE: AJH EDUCON MGRM 02/04/2012

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