

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086431

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Entity Name:** 2010 STAPLES AVENUE, LLC

**Current Principal Place of Business:**

336 DUVAL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 974  
KEY WEST, FL 33041

**New Mailing Address:**

**FEI Number:** 26-3347237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPOTTSWOOD, JOHN M JR.  
500 FLEMING STREET  
KEY WEST, FL 33040 US

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

KNIGHT, EDWARD B  
336 DUVAL 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: EDWARD B. KNIGHT

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KNIGHT, EDWARD B TRUSTEE  
Address: P.O. BOX 974  
City-St-Zip: KEY WEST, FL 33041

**ADDITIONS/CHANGES:**

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: EDWARD B. KNIGHT

MGRM

01/27/2009

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