## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L9900001526

1. Entity Name 600 DUVAL STREET, L.C.

**FILED** Apr 04, 2008 08:00 Al Secretary of State

Principal Place of Business

115 WHITEHEAD ST KEY WEST, FL 33040 Mailing Address

115 WHITEHEAD ST KEY WEST, FL 33040



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0962189 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

301-301-150

Daytime Prione #

6. Name and Address of Current Registered Agent

MOSHA, GUILI 115 WHITEHEAD STREET KEY WEST, FL 33040

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE_Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		•
NAME	GVILI, MOSHE		
STREET ADDRESS	115 WHITEHEAD ST		,
CITY-ST-ZIP	KEY WEST, FL 33040	i -	
TITLE			U00000001400
NAME		ľ	U00000881438 04/15/08-80100-023 138.75
STREET ADDRESS			04/13/00_00100_079 120.12
CITY-ST-ZIP			
TITLE			
NAME	. •		
STREET ADDRESS	. <del>.</del>	l no	NOT WRITE
CITY-ST-ZIP			NOT WINTE
TITLE	•	ini '	THIS SPACE
NAME		***	IIIIO OI ACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-\$1-ZIP		,	
TITLE		" <b>I.</b>	,
NAME	•	į.	
STREET ADDRESS		1	
City-St-Zip		Í	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the function function indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the function indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the function indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the function indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the function indicated on the fu			

8. 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. I am familiar with, and accept