

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90552 017 \*\*\*\*50.00

DOCUMENT # **M02600003235**

1. Entity Name

**GREENE STREET KEY WEST LLC**

**DO NOT WRITE IN THIS SPACE**

**24029734**

2. Principal Place of Business

**524 FRONT ST**

Suite, Apt. #, etc.

3. Mailing Address

**6060 ROCKSIDE WOODS BLVD**

Suite, Apt. #, etc.

**315**

DO NOT WRITE IN THIS SPACE

City / State

**Key West FL**

City / State

**CLEVE OH**

Zip

Country

Zip

**44131**

Country

**Cuyahoga**

4. FEI Number

**14-1864266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**J. MICHAEL GORMAN**

Street Address (P.O. Box Number is Not Acceptable)

**524 FRONT ST**

City

**Key West**

FL

Zip Code

**33040**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00.**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MANAGER**  
**J MICHAEL GORMAN**  
**524 FRONT ST FL**  
**KEY WEST**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**LEVY, BLACK & SNEIDERMAN**  
**Certified Public Accountants**  
**6060 ROCKSIDE WOODS BLVD.**  
**CLEVELAND, OHIO 44131**  
**34 1147236**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

**3-22-04**

Date

**919-671-9151**

Daytime Phone #

CR2E083B (12/01)