

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

97 FEB -3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT #200138**

PHOENIX OF KEY WEST, L.C.
100 W. CYPRESS CREEK ROAD
SUITE 700
FT LAUDERDALE FL 33309

1a. Principal Place of Business Address

100 W. CYPRESS CREEK ROAD
SUITE 700
FT LAUDERDALE FL 33309

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
617 FRONT ST

2a. Mailing Address
1609 ROCKLEDGE DR

3. Date Organized or Qualified
10/26/1989

3a. State of Formation
FL

Suite, Apt. #, etc.
KEY WEST

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For
☐ Not Applicable

City & State
KEY WEST, FL

City & State
ROCKLEDGE, FL

52-1675596

Zip
33040

Country

Zip
32955

Country

5. Date of Last Report
06/10/1996

6. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

GREENSPOON, GERALD
100 WEST CYPRESS CREEK ROAD, SUITE 7
FT LAUDERDALE FL 33309

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	TRENARY, LARRY	1609 ROCKLEDGE DRIVE	ROCKLEDGE FL
M	TRENARY, TANIA R.	1609 ROCKLEDGE DRIVE	ROCKLEDGE FL

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****206.75 ****206.75

A. Alan
2-3-97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

L. Trenary

LARRY M. TRENARY

1/31/97

407-638-4982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #