2003 LIMITED LIADILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/14/2003-90752-033-\$50.00-\$50.00

| DOCU 1. Entity Na STEAM P | | | | (| (F) 03 OCT | LED 29 AN | | | | | | | |
|---|-------------------------------------|---|--------------------|--|-----------------------|--|---|-----------------|------------------|------------------------------|--|---------|-----------------------------|
| Principal Place of Business 201 FRONT STREET, SUITE 224 KEY WEST FL 33040 | | | | Mailing Address 201 FRONT STREET. SUITE 224 KEY WEST FL 33040 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | ☐ CHEC | K HERE IF I | MAKING CHA | NGES | ; |
| City & State | | | | City & State | | | | 4. FEI Nun | | 0420 | 9 | _ | pplied For of Applicable |
| Zip Country | | | \ <u>\</u> | Zip | ntry | 5. Certificate of Status Desired: \$5.00 Addition Fee Required | | | | ditional | | | |
| | 6. Name | and Address of Curr | ent Rec | jistered Agent | <u>-</u> | No. | | 7. Name a | nd Address o | f New Regi | stered Agent | | - |
| 201 | Land, Chr Front Sti West FL : | reet, suite 224 | | | ٠ | Street Add | dress (P | O. Box Num | ber is Not Ac | ceptable) | | | <u>-</u> |
| | | | | | | City | ···· | . | | | FL Z | р Сос | ie |
| | e named entity tions of regist | | nt for the | purpose of changing it | ts register | ed office or re | egistere | d agent, or b | ooth, in the Sta | ite of Florida | . I am familie | r with, | and accept |
| SIGNATURE | Signature, syped | or printed name of registered a | gent and tit | te if applicable. (NO | TE: Registere | d Agent signature | required w | nen reinstasno) | , | | DATE | | |
| | | | | Make Check Payal | ble to Fi | FEE IS \$50 orida Depa ny 1,2003 | | t of State | | | | | |
| 9. | | MANAGING MEN | /BERS | MANAGERS | 10. | | | | ADD | TIONS/CH/ | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | MEN EDIVI AOI FR KEY L | IBER N O.SWII PONTST #5 DEST FL | FF 7 224 330 | □ Delete TI √0 | | I | | | | | ci | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM CHRIS | | 3 138 1 224 | Delete | | - 1 | | | | | C | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MENB WM. | BUDDINGS MOUN LIP WEST FL | ER. | Delete | | - 1 | _ | | | | □ Ct | ange | Addition |
| TITLE NAME STREET AUDRESS CITY-SI-ZIP | <u> </u> | | | ☐ Delete | | | | | | | □ Ch | ange | Addition |
| TITLE Name Street adoress City-St-Zip | | | | ☐ Delate | | t adoress St-zip | | | | | ☐ Ch | ange | Addition |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | T ADDRESS ST-ZIP | | | | | ☐ Ch | inge | Addition |
| indicated : | on this report | is true and accurate a or the receiver or trus | nd that i | filing does not qualify to my signature shall have sowered to execute this execute this and managing member, man | the same report as | legal elfect a | is if mac | te under oatl | h; that iam a | tutes. I furth managing m | er certify that nember or ma 305- 4// | 1/b | ormation of the 1-4142 |



old town key west development, ltd. • 201 front street, suite 310 • key west, florida 33040 • 305-294-3225

October 24, 2003

Florida Department of State Annual Reports Section PO Box 6327 Tallahassee, FL 32314

RE: Steam Plant Condominiums, LLC

Reference #L02000031364

I am in receipt of the State of Florida's Application for Reinstatement concerning the above referenced business.

Please be advised that this company filed the Uniform Business Report for 2003 on or about April 4, 2003. A copy of the cancelled check is enclosed. On or about April 17, 2003 we received correspondence stating that our check had been received but that our UBR was missing information. A portion of the information was a federal identification number which it was discovered was not yet applied for. The number was applied for immediately and was received from the Internal Revenue Service on May 16, 2003 (copy of notice is enclosed). On or about May 16th the UBR was returned to the Florida Department of State with the identification number inserted and the member names and addresses.

I would appreciate this matter being taken into consideration prior to filing a reinstatement form and paying an additional \$150.00. I can be reached at 305-292-8912 if there are any questions concerning our handling of this matter.

Sincerely,

Edwin O. Swift, III

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EOS/stm

Enclosures