2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 10:44

DOCUMENT # A25413

1. Entity Name
ARMADA-KEY WEST LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
619 FRONT STREET KEY WEST, FL 33040	619 FRONT STREET KEY WEST, FL 33040

02062006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1207000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ROY B.
1510 SOUTH TUTTLE AVE.
SARASOTA, FL 34239

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	
NAME	SMITH, ROY B.
STREET ADDRESS	1510 S.W. TUTTLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34239
DOCUMENT #	P93000009007
NAME	TRUDO LETSCHERT ENTERPRISES, INC.
STREET ADDRESS	1510 SOUTH TUTTLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34239
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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02/28/06--01022--009 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the ~~receiver or trustee~~ empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #