

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # A25413 1. Entity Name ARMADA-KEY WEST LIMITED PARTNERSHIP					
Principal Place of Business 619 FRONT STREET KEY WEST, FL 33040			Mailing Address 619 FRONT STREET KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1510 S. TUTTLE AVE Suite, Apt. #, etc.			
City & State		City & State SARASOTA, FL.			
Zip	Country	Zip 34239	Country	4. FEI Number 06-1207000	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMITH, ROY B. 1510 SOUTH TUTTLE AVE. SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ROY B. 1510 S.W. TUTTLE AVE. SARASOTA, FL 34239		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000009007 TRUDO LETSCHERT ENTERPRISES, INC. 1510 SOUTH TUTTLE AVE. SARASOTA, FL 34239		STREET ADDRESS CITY-ST-ZIP	400088815704 02/20/07--01031--014 **500.00	
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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 #	

STAPLE CHECK HERE