

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 15 AM 11:41

DOCUMENT #A25413

1. Entity Name
ARMADA-KEY WEST LIMITED PARTNERSHIP



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

Mailing Address
**1510 S TUTTLE AVENUE
SARASOTA, FL 34239**



02252008 No Chg-LP

CR2E003 (12/06)

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
STREET ADDRESS
CITY-ST-ZIP
**SMITH, ROY B.
1510 S.W. TUTTLE AVE.
SARASOTA, FL 34239**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P93000009007
TRUDO LETSCHERT ENTERPRISES, INC.
1510 SOUTH TUTTLE AVE.
SARASOTA, FL 34239**

DOCUMENT #
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CITY-ST-ZIP

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IN THIS SPACE**

400123575014
04/15/08-01032-022 **500.00

BLT

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

3/31/08

Date

941-957-1301

Daytime Phone #

STAPLE CHECK HERE