


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90020 006 \*\*\*150.00

<b>DOCUMENT # J83326</b>	
1. Entity Name <b>JIMMY BUFFETT'S MARGARITAVILLE RESTAURANT OF KEY WEST, INC.</b>	

Principal Place of Business <b>JIMMY BUFFETT'S MARGARITAVILLE RESTAURANT 500 DUVAL STREET KEY WEST, FL 33040</b>	Mailing Address <b>% CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>500 DUVAL ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>KEY WEST, FL</b>
Zip	Zip <b>33040</b>

Country	Country <b>MONROE</b>
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40036141




03132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2825906</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>
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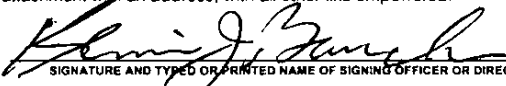
7. Name and Address of New Registered Agent Name <b>KEVIN BOUCHER</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 DUVAL ST</b> City <b>KEY WEST</b> FL <b>33040</b>
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8. The above named entity submits this statement for the purpose of changing 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  President	DATE <b>3/13/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUFFETT, JIMMY 424-A FLEMING STREET KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SMITH, DONNA 424-A FLEMING STREET KEY WEST, FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BOUCHER, KEVIN 500 DUVAL STREET KEY WEST, FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T Smith, Donna 424-A Fleming St. KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOUCHER, KEVIN 500 DUVAL ST KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date <b>3/13/07</b> (305) 294-2461