

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90211 012 ****50.00

DOCUMENT # L01000012359

1. Entity Name
KEY WEST SEA EXCURSIONS LLC



Principal Place of Business

**40 KEY HAVEN ROAD
KEY WEST, FL 33040**

Mailing Address

**40 KEY HAVEN ROAD
KEY WEST, FL 33040**

24006204



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1124294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GRIFFITHS, K.A. JR.~~
~~40 KEY HAVEN RD~~
~~KEY WEST, FL 33040~~

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRIFFITHS, KENNETH ANDREW JR.
40 KEY HAVEN ROAD
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRIFFITHS, STEPHANIE
40 KEY HAVEN ROAD
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EID, STEVE
7 EVERGREEN
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

KA DJH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1.27.04 305.296.2639