

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012359

FILED
May 10, 2005
Secretary of State

Entity Name: KEY WEST SEA EXCURSIONS LLC

Current Principal Place of Business:

40 KEY HAVEN ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

40 KEY HAVEN ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1124294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GRIFFITHS, KENNETH ANDREW JR.
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: GRIFFITHS, STEPHANIE
Address: 40 KEY HAVEN ROAD
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: EID, STEVE
Address: 7 EVERGREEN
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHANIE GRIFFITHS

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05/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date