


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



01252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1124294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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	

000000412253
02/10/06-80040-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:  **1-25-06 305.296.2639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #