

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000012359**  
 1. Entity Name  
**KEY WEST SEA EXCURSIONS LLC**



Principal Place of Business      Mailing Address  
**40 KEY HAVEN ROAD**      **40 KEY HAVEN ROAD**  
**KEY WEST, FL 33040**      **KEY WEST, FL 33040**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>65-1124294</b>	Applied For Not Applicable
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

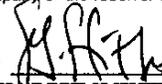
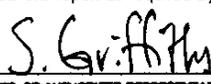
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

U00000586810  
 01/17/07-80008-023 50.00

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 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 608, Florida Statutes.

**SIGNATURE:**        **1.10.07**      **305-296-2639**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #