

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012359

FILED  
Mar 11, 2008  
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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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/MANAGERS:**

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 (X) 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 exemption stated in Chapter 119, 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: KENNETH ANDREW GRIFFITHS JR

MGR

03/11/2008

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