

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018217

FILED
Mar 08, 2007
Secretary of State

Entity Name: LEATHER MASTER OF KEY WEST, LLC

Current Principal Place of Business:

418 APPELROUTH LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

418 APPELROUTH LANE
KEY WEST, FL 33040

New Mailing Address:

PO BOX 5501
KEY WEST, FL 33045

FEI Number: 65-1150623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE LARUE SMITH
C/O THE SMITH LAW FIRM
333 FLEMING STREET
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: P () Delete
Name: DYESS, WILBUR L
Address: 603 ANGELA ST.
City-St-Zip: KEY WEST, FL 33040

Title: P () Delete
Name: CORELLA, PASQUALE J
Address: 603 ANGELA ST.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DYESS, WILBUR L
Address: PO BOX 5501
City-St-Zip: KEY WEST, FL 33045

Title: P (X) Change () Addition
Name: CORELLA, PASQUALE J
Address: PO BOX 5501
City-St-Zip: KEY WEST, FL 33045

I hereby certify that the information supplied with this filing does not qualify for the 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: PASQUALE J CORELLA

P

03/08/2007

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