

# 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