

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90085 010 ****55.00

DOCUMENT # L01000022070

1. Entity Name

KEY WEST UNDERSEA TOURS, L.L.C.

DO NOT WRITE IN THIS SPACE

927816

2. Principal Place of Business

Hilton Key West Resort

Suite, Apt. #, etc.

Suite 32

City & State

Key West FL

Zip

33040

Country

Monroe

3. Mailing Address

P.O. Box 1623

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33041

Country

Monroe

4. FEI Number

30-0031804

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Larmarcus E. Hornbuckle

Street Address (P.O. Box Number is Not Acceptable)

6160 1st S.W.

City

Vero Beach

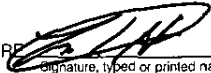
FL

Zip Code

32968

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.

SIGNATURE



L.E. Hornbuckle

member

2-15-02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

Member

Larmarcus E. Hornbuckle

STREET ADDRESS

6160 1st S.W.

CITY-ST-ZIP

Vero Beach, FL 32968

TITLE
NAME

Member

Alvin Clements

STREET ADDRESS

8127 Bay Drive

CITY-ST-ZIP

Tampa, FL 33635

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:



L.E. Hornbuckle member

2-15-02

561-473-9803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)