
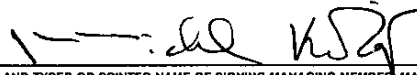


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90075 037 ****50.00

DOCUMENT # L02000001404 1. Entity Name WATERMARK KEY WEST, LLC					
Principal Place of Business 804 WHITE STREET KEY WEST, FL 33040			Mailing Address 804 WHITE STREET KEY WEST, FL 33040		
2. Principal Place of Business 713 Caroline St.		3. Mailing Address 713 Caroline St.			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. Suite 2			
City & State Key West, FL		City & State Key West, FL			
Zip 33040		Country Monroe		Zip 33040	
Country Monroe		Country Monroe			
4. FEI Number 02-0533834			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent DYER, W. THOMAS 414 N. FERNCREEK AVE. ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DYER, W. THOMAS 1110 AZALEA LN WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KILGORE, MICHAEL L 7 DIAMOND DRIVE KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEEDHAM, GREG 1120 20TH STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARN, RUDY G DR 910 WATSON STREET KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARN, Rudy G Dr. 330 E 38th St, 43E New York, NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kilgore, Michael L. 1601 B United St. Key West, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARN, Rudy G Dr. 330 E 38th St, 43E New York, NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARN, Rudy G Dr. 330 E 38th St, 43E New York, NY 10016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Michael Kilgore 4/28/06 (365) 295-8292					