


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 008 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

24063443

DOCUMENT # L02000004583			
1. Entity Name PERFORMING ARTS CENTERS FOR KEY WEST, L.C.			
Principal Place of Business 302 SOUTHARD STREET SUITE 104 KEY WEST, FL 33040		Mailing Address 5901 COLLEGE ROAD KEY WEST, FL 33040	
2. Principal Place of Business 5901 College Road		3. Mailing Address	
--- Suite, Apt. #, etc. ---		Suite, Apt. #, etc.	
City & State KEY WEST, FL		City & State	
Zip 33040	Country	Zip	Country
4. FEI Number 03-0431732		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 AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE. 28TH FLOOR MIAMI, FL 33040		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
Filing Fee is 350.00 Due by May 1, 2004		Filing Fee is 350.00 Due by May 1, 2004	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMLINSON, REBECCA 1045 LOGGERHEAD LANE SUGARLOAF KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Rebecca Tomlinson</i>		Date: 4-22-4	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	