

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03268900483
9/23/2003-90023-030-\$50.00-\$50.00

0000123

DOCUMENT # L02000004583

1. Entity Name

PERFORMING ARTS CENTERS FOR KEY WEST, L.C.



FILED

2003 OCT -8 PM 1:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

302 SOUTHARD STREET
SUITE 104
KEY WEST FL 33040

Mailing Address

302 SOUTHARD STREET
SUITE 104
KEY WEST FL 33040

2. Principal Place of Business

Tennessee Williams Theatre

Suite, Apt. #, etc.

3. Mailing Address

5901 College Road

Suite, Apt. #, etc.

City & State

Key West, FL

4. FEI Number

03-0431732

Applied For

Not Applicable

Zip

Country

Zip

33040

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

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

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	Executive Director	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR Executive Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rebecca Tomlinson		
STREET ADDRESS	1045 Loggerhead Lane		
CITY-ST-ZIP	Sugarloaf Key, FL 33042		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: REBECCA TOMLINSON

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

9/18/03

Date

305.296-1520

Daytime Phone #

CR2E083 (4/03)