

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90253 003 ****50.00

DOCUMENT # L02000009343

1. Entity Name
KEY WEST DINER, LLC



Principal Place of Business
**2814 N. ROOSEVELT BLVD
KEY WEST, FL 33040**

Mailing Address
**2200 SOUTH DIXIE HWY
SUITE 702-B
MIAMI, FL 33133**



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961934	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	LEWIS, THOMAS E
STREET ADDRESS	2200 SOUTH DIXIE HWY., TE 702-B
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	Vice President
NAME	Sandra Jarrett
STREET ADDRESS	516 S. Orleans
CITY-ST-ZIP	Tampa, FL 33606
TITLE	Secretary
NAME	Jerry D. Jeter
STREET ADDRESS	1309 Euclid Ave #2
CITY-ST-ZIP	Miami Beach, FL 33139
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:

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

Jerry D. Jeter

3/29/04

Date

305-856-6968 x27

Daytime Phone #