

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90075 019 \*\*\*\*50.00

**DOCUMENT # L02000016127**

1. Entity Name

**DESTINATION: KEY WEST, LLC**



Principal Place of Business

Mailing Address

**1220 NEWTON STREET  
STUDIO 1  
KEY WEST FL 33040**

**1220 NEWTON STREET  
STUDIO 1  
KEY WEST FL 33040**

2. Principal Place of Business

**710 GALVESTON LANE**

3. Mailing Address

**P.O. BOX 4266**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY WEST, FL**

City & State

**KEY WEST, FL**

Zip

Country

**33040**

**USA**

Zip

Country

**33041**

**USA**

4. FEI Number

**01-0728924**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEND, KELLY  
1220 NEWTON STREET  
STUDIO 1  
KEY WEST FL 33040**

Name

**KELLY FRIEND**

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

**710 GALVESTON LANE**

City

**KEY WEST**

FL

Zip Code

**33040**

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

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/18/03**

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FRIEND, KELLY  
1220 NEWTON STREET, STUDIO 1  
KEY WEST FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KELLY FRIEND  
710 GALVESTON LANE  
KEY WEST, FL 33040** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

Typed or printed name of signing managing member, manager, or authorized representative

**8/18/03 305-292-4817**

Date

Daytime Phone #

CR2E083 (4/03)