

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90021 021 \*\*\*\*50.00

<b>DOCUMENT # L02000017655</b> 1. Entity Name <b>WELCOMEHOME KEY WEST, L.L.C.</b>					
Principal Place of Business <b>2926 N ROOSEVELT BLVD KEY PLAZA KEY WEST FL 33040</b>			Mailing Address <b>2926 N ROOSEVELT BLVD KEY PLAZA KEY WEST FL 33040</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>47-0876643</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BROWNING, MICHAEL L 402 APPELROUTH LANE KEY WEST FL 33040</b>				7. Name and Address of New Registered Agent Name <b>Terry Coveny</b> Street Address (P.O. Box Number is Not Acceptable) <b>3630 Flagler Ave.</b> <b>Key West</b> City <b>FL</b> Zip Code <b>33040</b>	
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 <u><i>Terry Coveny</i></u> MGR <u><i>Terry Coveny</i></u> DATE <u>2/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COVENY, TERRY 2926 N ROOSEVELT BLVD KEY WEST FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: <u><i>Terry Coveny</i></u> DATE <u>3/2/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

WELCOMEHOM KEY WEST, L.L.C.  
2926 N ROOSEVELT BLVD  
KEY PLAZA  
KEY WEST, FL 33040

Subject: ~~WELCOMEHOM KEY WEST, L.L.C.~~

Reference Number: **L02000017655**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION