

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90096 010 ***138.75

DOCUMENT # L02000017655	
1. Entity Name WELCOMEHOMES KEY WEST, L.L.C.	

Principal Place of Business 2926 N ROOSEVELT BLVD KEY PLAZA KEY WEST FL 33040 US	Mailing Address 3630 FLAGLER AVE KEY WEST FL 33040 US
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2. Principal Place of Business - No P.O. Box # 313 MARGARET ST.		3. Mailing Address 313 MARGARET ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY WEST FL		City & State KEY WEST FL	
Zip 33040	Country US	Zip 33040	Country US

1st MOORE CR2E083 (10/07)

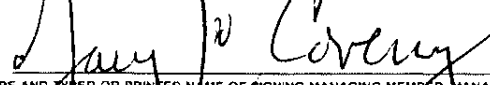
4. FEI Number 47-0876643		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KELLEY, ALBERT L 926 TRUMAN AVE. KEY WEST FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number 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's signature required when registering.)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COVENY, TERRY 2926 N ROOSEVELT BLVD KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR COVENY, MARY JO 2926 N. ROOSEVELT BLVD KEY WEST FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Excluded Phone #
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