

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

4/1

04-15-2003 90029 012 \*\*\*\*50.00

**DOCUMENT # L02000017655**

1. Entity Name

**WELCOMEHOME KEY WEST, L.L.C.**



Principal Place of Business

**KEY PLAZA SHOPPING CENTER  
SUITE #13  
KEY WEST FL 33040**

Mailing Address

**KEY PLAZA SHOPPING CENTER  
SUITE #13  
KEY WEST FL 33040**

2. Principal Place of Business

**2926 N. ROOSEVELT BLVD.**

Suite, Apt. #, etc.

**KEY PLAZA**

City & State

**KEY WEST FL**

3. Mailing Address

**2926 N. ROOSEVELT BLVD.**

Suite, Apt. #, etc.

**KEY PLAZA**

City & State

**KEY WEST FL**

Zip  
**33040**

Country  
**USA**

Zip  
**33040**

Country  
**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**47-087-6643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROWNING, MICHAEL L  
402 APPELROUTH LANE  
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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COVENY, MARY JO  
SUITE 13 KEY PLAZA SHOPPING CENTER  
KEY WEST FL 33040** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COVENY, TERRY  
2926 N. ROOSEVELT BLVD.  
KEY WEST FL 33040** ☐ Change ☒ Addition

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

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

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

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

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, trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

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

**4-3-03**

Date

**305 292 4004**

Daytime Phone #

CR2E083 (10/02)