


**2007 LIMITED LIABILITY COMPANY.  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000024729</b>	
1. Entity Name <b>KEY WEST KEY LIME, LLC</b>	
	
Principal Place of Business <b>1590 FIRST STREET SARASOTA, FL 34236</b>	Mailing Address <b>1590 FIRST STREET SARASOTA, FL 34236</b>



**DO NOT WRITE IN THIS SPACE**

03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>77-0455236</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GOAR, JAMES C  
1590 FIRST STREET  
SARASOTA, FL 34236**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000707303  
04/24/07-80070-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HADLEY, PEGGY JO 155 W. MAIN ST. BENTON HARBOR, MI 49022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SANDER, ROSSALYN 155 W. MAIN ST. BENTON HARBOR, MI 49022</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** *Peggy J Hadley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/10/07** **269-369-7887**  
Date Daytime Phone #