

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

09-09-2004 90073 037 \*\*\*\*\*50.00  
L03000008369

DOCUMENT # L03000008369

1. Entity Name  
KEY WEST SEASIDE, LLC



Principal Place of Business  
3900 S. ROOSEVELT BLVD.  
KEY WEST, FL 33040

Mailing Address  
3900 S. ROOSEVELT BLVD.  
KEY WEST, FL 33040

FILED  
04 OCT -6 AM 8:37 WL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 10/08/04



2. Principal Place of Business  
3685 Seaside Drive  
Suite, Apt. #, etc.  
2nd Floor

3. Mailing Address  
3685 Seaside Drive  
Suite, Apt. #, etc.  
2nd Floor

City & State  
Key West, FL

City & State  
Key West, FL

09012004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
51-0451565

Applied For  
Not Applicable

Zip Country  
33040 USA

Zip Country  
33040 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, ROBERT A  
3900 S. ROOSEVELT BLVD.  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name Butler, Robert A.  
Street Address (P.O. Box Number is Not Acceptable)  
3685 Seaside Drive  
2nd Floor

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 obligation of registered agent.

SIGNATURE *[Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-6-04

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE President  
NAME Robert A. Butler  
STREET ADDRESS 3685 Seaside Dr, 2nd Floor  
CITY-ST-ZIP Key West, FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *[Signature]*

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

Date

Daytime Phone #

35292 4800

10-6-04