

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2005 8:00 am**  
**Secretary of State**

06-17-2005 90160 026 \*\*\*\*50.00

**DOCUMENT # L03000008369**

1. Entity Name  
KEY WEST SEASIDE, LLC



Principal Place of Business

3685 SEASIDE DRIVE  
2ND FLOOR  
KEY WEST, FL 33040

Mailing Address

3685 SEASIDE DRIVE  
2ND FLOOR  
KEY WEST, FL 33040

20060301



06072005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0451565

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, ROBERT A  
3685 SEASIDE DRIVE  
2ND FLOOR  
KEY WEST, FL 33040

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BUTLER, ROBERT A
STREET ADDRESS	3685 SEASIDE DRIVE, 2ND FLOOR
CITY-ST-ZIP	KEY WEST, FL 33040

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #