2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 03, 2007 8:00 am Secretary of State

04-03-2007 90119 050 ****50.00

60031651



02162007 No Chg-LLC

CR2E083 (11/05)

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

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2ND FLOOR KEY WEST, FL 33040		IN THIS SPACE
	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE		E Registered Agent signature required when reinstating) DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, ROBERT A 3685 SEASIDE DRIVE, 2ND FLOOR KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
TITLE NAME		

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:

STREET ADDRESS CITY-ST-ZIP

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

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