


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000008369 1. Entity Name KEY WEST SEASIDE, LLC	
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Principal Place of Business 3685 SEASIDE DRIVE 2ND FLOOR KEY WEST, FL 33040	Mailing Address 3685 SEASIDE DRIVE 2ND FLOOR KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0451565	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
\$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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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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000840313
03/06/08-80043-006 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, ROBERT A 3685 SEASIDE DRIVE, 2ND FLOOR KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 

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

1.08.08

Date

352 292 4800

Daytime Phone #