


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90447 018 \*\*\*\*50.00

<b>DOCUMENT # L03000009484</b>	
1. Entity Name ARCHIPELAGO OF KEY WEST, LLC	

Principal Place of Business 1507 NINETEENTH STREET KEY WEST, FL 33040	Mailing Address 1507 NINETEENTH STREET KEY WEST, FL 33040
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2. Principal Place of Business 1412 VON PHILSTER ST Suite, Apt. #, etc.	3. Mailing Address 1412 VON PHILSTER ST Suite, Apt. #, etc.
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City & State KEY WEST FL	City & State KEY WEST, FL
Zip 33040	Zip 33040
Country MONROE	Country MONROE



03012003 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0454463	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DU PLESSIS, ROBIN 1507 NINETEENTH STREET KEY WEST, FL 33040
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7. Name and Address of New Registered Agent Name JILL BENADO Street Address (P.O. Box Number is Not Acceptable) 1412 VON PHILSTER ST City KEY WEST FL Zip Code 33040
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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 <u>Jill Benado</u> JILL BENADO 5/08/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DU PLESSIS, ROBIN 1116 CURRY LANE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DU PLESSIS, PAUL 1116 CURRY LANE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENADO, JILL 1412 VON PHILSTER STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTMAN, BILL 1412 VON PHILSTER STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.
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SIGNATURE: <u>Jill Benado</u> JILL BENADO 5/08/04 305-293-1886 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone
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