

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031325

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** KEY WEST CHARTERS, LLC

**Current Principal Place of Business:**

6800 MALONEY AVENUE #32  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

6800 MALONEY AVENUE #32  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 56-2401758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VEACH, TYSON  
6800 MALONEY AVENUE  
LOT 32  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** VEACH, TYSON  
**Address:** 6800 MALONEY AVENUE #32  
**City-St-Zip:** KEY WEST, FL 33040 US

**Title:** AS ( ) Delete  
**Name:** VEACH, LINDA  
**Address:** 6800 MALONEY AVENUE LOT #32  
**City-St-Zip:** KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** LINDA VEACH

AS

03/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date