

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90093 036 ****50.00

DOCUMENT # L03000042193 1. Entity Name THE MEADOWS OF KEY WEST, LLC			
Principal Place of Business 1005 SEMINARY STREET KEY WEST, FL 33040		Mailing Address 926 TRUMAN AVENUE KEY WEST, FL 33040	
2. Principal Place of Business 313 MARGARET ST Suite, Apt. #, etc.		3. Mailing Address P.O. Box 992 Suite, Apt. #, etc.	
City & State KEY WEST FL Zip 33040		City & State KEY WEST FL Zip 33040-0992	
Country US		Country US	
4. FEI Number 52-2412551		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KINSELLA, PETER J 1005 SEMINARY STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent -Name LEARD, DAMON W Street Address (P.O. Box Number is Not Acceptable) 313 MARGARET ST City KEY WEST FL 33040	
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><i>Damon W Leard</i></u> 18 January 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSELLA, PETER J 1005 SEMINARY STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEARD, DAMON W 313 MARGARET ST KEY WEST FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRACY, ROBERT L P.O. BOX 922 KEY WEST, FL 33041 <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
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.			
SIGNATURE: <u><i>Damon W Leard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>18 January 2005</u> Daytime Phone # <u>305 296 1777</u>	