

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042193

FILED
Jan 31, 2007
Secretary of State

Entity Name: THE MEADOWS OF KEY WEST, LLC

Current Principal Place of Business:

313 MARGARET ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 992
KEY WEST, FL 330410992

New Mailing Address:

313 MARGARET STREET
KEY WEST, FL 33040

FEI Number: 52-2412551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEARD, DAMON W
313 MARGARET ST
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: TRACY, ROBERT L
Address: P.O. BOX 922
City-St-Zip: KEY WEST, FL 33041

Title: MGRM () Delete
Name: LEARD, DAMON W
Address: 313 MARGARET ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRACY, ROBERT L
Address: 313 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: LEARD, DAMON W
Address: 313 MARGARET STREET
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: DAMON W LEARD

MGRM

01/31/2007

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