2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000042193

Entity Name: THE MEADOWS OF KEY WEST, LLC

FILED Jul 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

916 FLEMING STREET 1800 ATLANTIC BOULEVARD, #328C

KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

P O BOX 992 916 FLEMING STREET

KEY WEST, FL 33040 KEY WEST, FL 33041

FEI Number: 52-2412551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TRACY, ROBERT L TRACY, ROBERT L 916 FLÉMING STREET 1800 ATLANTIC BOULEVARD, #328C

KEY WEST, FL 33040 US KEY WEST, FL 33040

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: 07/03/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

TRACY, ROBERT L TRACY, ROBERT L Name: Name: Address: 916 FLEMING STREET Address: 1800 ATLANTIC BOULEVARD, #328C

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: MGRM Title: MGR

(X) Change () Addition () Delete Name: DELISSE, PASCAL E Name: DELISSE, PASCAL E

Address: 916 FLEMING STREET Address: 1800 ATLANTIC BOULEVARD, #328C

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

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: PASCAL E DELISSE 07/03/2009