



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000054900</b>		
1. Entity Name <b>FIREFLY, LLC</b>		
Principal Place of Business <b>201 FRONT ST, STE 224 KEY WEST, FL 33040</b>		Mailing Address <b>201 FRONT ST, STE 224 KEY WEST, FL 33040</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		03092005No Chg-LLC CR2E083 (10/03)
4. FEI Number <b>20-0527924</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SWIFT, EDWIN O III 201 FRONT ST, STE 224 KEY WEST, FL 33040</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIFT, EDWIN O III 201 FRONT ST, STE 224 KEY WEST, FL 33040	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLAND, CHRISTOPHER C 201 FRONT ST, STE 224 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIFT, NANCY 201 FRONT ST, STE 224 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYO, HERSCHEL 201 FRONT ST, STE 224 KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <b>EDWIN O. SWIFT, III</b>		<b>03/14/05</b> <b>305-294-4142</b> <small>Date Daytime Phone #</small>