

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001769

FILED
Mar 27, 2007
Secretary of State

Entity Name: KEY WEST PARTY RENTALS LLC

Current Principal Place of Business:

43 BAY DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

43 BAY DRIVE
KEY WEST, FL 33040

New Mailing Address:

9500 ANNAPOLIS ROAD
SUITE A-303
LANHAM, MD 20706

FEI Number: 14-1901018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBEN, STEPHEN D
43 BAY DRIVE
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: RUBEN, STEPHEN D
Address: 43 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: SAMUELS, RICHARD B
Address: 43 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SAMUELS, RICHARD B
Address: 43 BAY DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Change (X) Addition
Name: CHAUDHRY, AJMAL H
Address: 9500 ANNAPOLIS ROAD, SUITE A-303
City-St-Zip: LANHAM, MD 20706

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: AJMAL H. CHAUDHRY

MGR

03/27/2007

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