

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018713

FILED
Feb 03, 2005
Secretary of State

Entity Name: OLD TOWN KEY WEST DEVELOPMENT, LLC

Current Principal Place of Business:

201 FRONT STREET, SUITE 224
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET, SUITE 224
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-1385115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, ERICA NESQ.
500 FLEMING STREET
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/MEMBERS:

Title: MGRM () Delete
Name: SWIFT, EDWIN O III
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: BELLAND, CHRISTOPHER C
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: MOSHER, GERALD R
Address: 201 FRONT STREET, SUITE 224
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWIN O. SWIFT, III

MGRM

02/03/2005

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