
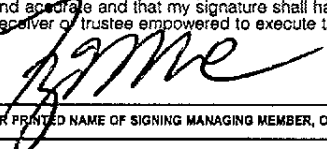


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000070127		
1. Entity Name KW CONCHS, LLC		
Principal Place of Business 201 FRONT STREET, SUITE 107 KEY WEST, FL 33040	Mailing Address 201 FRONT STREET, SUITE 107 KEY WEST, FL 33040	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE
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 reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		01242006No Chg-LLC CR2E083 (11/05) 4. FEI Number 27-0107319 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required 1100000404189 02/06/06-80036-014 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOPHERSON, BENJAMIN 201 FRONT STREET KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARELA, FREDDY M 201 FRONT STREET KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. SIGNATURE: <u></u> 1/25/06 305-292-8912 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		