

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070127

FILED
Jan 08, 2008
Secretary of State

Entity Name: KW CONCHS, LLC

Current Principal Place of Business:

201 FRONT STREET, SUITE 107
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

201 FRONT STREET, SUITE 107
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 27-0107319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, ERICA N
500 FLEMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MCPHERSON, BENJAMIN
201 FRONT STREET, SUITE 107
KEY WEST, FL 33040 US

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: BENJAMIN MCPHERSON

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCPHERSON, BENJAMIN
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: VARELA, FREDDY M
Address: 201 FRONT STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR (X) Delete
Name: HUGHES, ERICA N
Address: 500 FLEMING STREET
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 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: BENJAMIN MCPHERSON

MGR

01/08/2008

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