

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000071587

1. Entity Name
 G & S KEY WEST, LLC



Principal Place of Business
 20 AZALEA DRIVE
 KEY WEST, FL 33040

Mailing Address
 20 AZALEA DRIVE
 KEY WEST, FL 33040



03232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-3145444

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E ESQ
 FELDMAN KOENIG & HIGHSMITH, P.A.
 3158 NORTHSIDE DRIVE
 KEY WEST, FL 33040

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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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARY E. MOORE, SR. REVOCABLE TRUST
STREET ADDRESS	20 AZALEA DRIVE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	CLARA L. MOORE REVOCABLE TRUST
STREET ADDRESS	20 AZALEA DRIVE
CITY-ST-ZIP	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	

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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: _____

Clara L. Moore

3/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Optional Phone #