


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000076073

1. Entity Name
KEY WEST EXPRESS LLC



Principal Place of Business
**1001 EAST ATLANTIC AVENUE
 SUITE 202
 DELRAY BEACH, FL 33483**


Mailing Address
**1000 MARKET ST
 STE 300
 PORTSMOUTH, NH 03801**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
32-0129918

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRITCHFIELD, RICHARD H
 1001 EAST ATLANTIC AVENUE
 SUITE 201
 DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

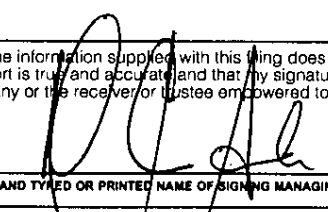
9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, MARK T	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, MICHAEL P	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	WALSH, WILLIAM J	
STREET ADDRESS	1001 EAST ATLANTIC AVENUE, SUITE 202	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ADE, RICHARD C	
STREET ADDRESS	1000 MARKET STREET, BLDG. #1	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000915716	
CITY-ST-ZIP	05/09/09-80026-011 138.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **RICHARD C. ADE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **1/30/09** Daytime Phone # **(603) 559-2600**