

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076073

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: KEY WEST EXPRESS LLC

**Current Principal Place of Business:**

1200 MAIN STREET  
FORT MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2460  
FORT MYERS BEACH, FL 33931

**New Mailing Address:**

P.O. BOX 2460  
FORT MYERS BEACH, FL 33932

FEI Number: 32-0129918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Title: MGR  
Name: WALSH, MARK T  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR  
Name: WALSH, MICHAEL P  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM  
Name: WALSH, WILLIAM J  
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM  
Name: HILTON, GEORGE D  
Address: 41 HARDING AVENUE  
City-St-Zip: NEWBURYPORT, MA 01950

Title: MGRM  
Name: MILLER, JOSEPH K  
Address: 1200 MAIN STREET  
City-St-Zip: FORT MYERS BEACH, FL 33931

I hereby 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: GEORGE HILTON

MM

01/05/2012

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