

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014978

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: KEY WEST CUSTOMS LLC

**Current Principal Place of Business:**

3201 FLAGLER AVE.  
SUITE 503  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3201 FLAGLER AVE.  
SUITE 503  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 20-2286204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARNES, GREGORY H  
3405 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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: PRES ( ) Delete  
Name: BARNES, GREGORY H  
Address: 3405 NORTHSIDE DR  
City-St-Zip: KEY WEST, FL 33040

Title: SEC ( ) Delete  
Name: BARNES, ALLA V  
Address: 3405 NORTHSIDE DRIVE  
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:

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: GREGORY H BARNES

PRES

01/14/2008

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