

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016487

Entity Name: FISHING KEY WEST LLC

FILED  
Feb 22, 2006  
Secretary of State

## Current Principal Place of Business:

7009 OLD SHRIMP ROAD  
CORAL LAGOON 310  
KEY WEST, FL 33040

## New Principal Place of Business:

7009 OLD SHRIMP ROAD  
CORAL LAGOON #10  
KEY WEST, FL 33040

## Current Mailing Address:

P.O. BOX 6263  
KEY WEST, FL 330416263

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NAJA GIRARD D'ALBISSIN  
321 PEACON LANE  
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: MGRM ( ) Delete  
Name: NAJA GIRARD D'ALBISSIN, IN  
Address: 321 PEACON LANE  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: ARNAUD GIRARD D'ALBI, SSIN  
Address: 321 PEACON LANE  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GIRARD D'ALBISSIN, NAJA  
Address: 321 PEACON LANE  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change ( ) Addition  
Name: GIRARD D'ALBISSIN, ARNAUD  
Address: 321 PEACON LANE  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: NAJA GIRARD D'ALBISSIN

MGRM

02/22/2006

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