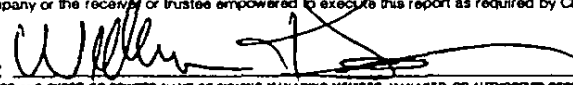


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/1

FILED
Aug 21, 2006 8:00 am
Secretary of State

07-14-2006 90092 030 ****50.00

DOCUMENT # L05000053723					
1. Entity Name KEY WEST BLUES FESTIVAL, LLC					
Principal Place of Business 612 FLEMING STREET KEY WEST, FL 33040 US			Mailing Address 612 FLEMING STREET KEY WEST, FL 33040 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 74-3146610	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LANE, BILL 612 FLEMING STREET KEY WEST, FL 33040				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LANE, BILL		NAME		
STREET ADDRESS	612 FLEMING STREET		STREET ADDRESS		
CITY - ST - ZIP	KEY WEST, FL 33040		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HASKINS, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 5494		STREET ADDRESS		
CITY - ST - ZIP	KEY WEST, FL 33040		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BAEDER, LARRY		NAME		
STREET ADDRESS	1416 PATRICIA STREET		STREET ADDRESS		
CITY - ST - ZIP	KEY WEST, FL 33040		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 			7/12/2006		305-293-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #