

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085349

FILED
Mar 16, 2009
Secretary of State

Entity Name: KEY WEST BUCKEYES, LLC

Current Principal Place of Business:

620 THOMAS STREET, #285
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O MARY K. SINCLAIR, AGENT
23550 CENTER RIDGE ROAD, #206
WESTLAKE, OH 44145

New Mailing Address:

FEI Number: 20-3442636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, CHARLES T
510 EMMA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SIMON, CHARLES T
1500 SEMINARY STREET #5A
KEY WEST, FL 33040 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIMON, CHARLES T
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: O'CONOR, CASEY L
Address: 831 CARRIAGE PARK OVAL
City-St-Zip: WESTLAKE, OH 44145

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIMON, CHARLES T
Address: 1500 SEMINARY STREET #5A
City-St-Zip: KEY WEST, FL 33040

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: CHARLES T. SIMON

MGRM

03/16/2009

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