

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000085349

**FILED**  
**Mar 02, 2010**  
**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  
1500 SEMINARY STREET #5A  
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  
**Name:** SIMON, CHARLES T  
**Address:** 1500 SEMINARY STREET #5A  
**City-St-Zip:** KEY WEST, FL 33040

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

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:** CHARLES T. SIMON

MGRM

03/02/2010

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