2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L06000002020** 03-17-2008 90267 029 ***138.75 KEY WEST HARBOUR DEVELOPMENT, LLC Principal Place of Business Mailing Address 15051 PUNTA RASSA ROAD 15051 PUNTA RASSA ROAD 60015472 FORT MYERS, FL 33908 FORT MYERS, FL 33908 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01142008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-4063819 Not Applicable Country-Country Zip __Zip_ \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNIGHT, STEEVEN C Street Address (P.O. Box Number is Not Acceptable) 15051 PUNTA RASSA ROAD FORT MYERS, FL 33908 City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. \overline{m} **MGRM** TITLE TITLE ☐ Change Addition Delete Engle, Greg 1505 1 Punta Rassa Rd KNIGHT, STEEVEN C NAME NAME STREET ADDRESS 15051 PUNTA RASSA ROAD STREET ADDRESS myersifl 33908 FORT MYERS, FL 33908 CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TIT! F McCanra, Richard 1505 i Punta Rassa Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP F+ Myers, FL 39908 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Delete □ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify foll 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 manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the limited liability company or the receiver or manager of the liability company or the receiver or manager of the liability company or the receiver or manager or man SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 17, 2008 8:00 am