


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000003460 1. Entity Name LOOE KEY REEF RESORT & DIVE CENTER, LLC	
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Principal Place of Business MM 27.5, U.S. HWY. 1 RAMROD KEY, FL 33042	Mailing Address 1901 S. TAMiami TRAIL SUITE A VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



03182008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4099120	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent EABLES, PATRICIA A 608 WHITEHEAD STREET KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUTIER, JACQUES 1901 S. TAMiami TRAIL, SUITE A VENICE, FL 34293
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04/08/08-80036-018 138.75

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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: *Kelly Holroyd* **KELLY HOLROYD** *3/18/08* *305-872-2215*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #