

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007001

Entity Name: KEY WEST PUBLISHING, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

531 TRUMAN AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

531 TRUMAN AVENUE
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 20-4173450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERNREUTER, BOB J PRES.
531 TRUMAN AVENUE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BERNREUTER, BOB J PRES.
529 TRUMAN AVENUE
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: BOB J. BERNREUTER

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMB () Delete
Name: BERNREUTER, BOB J PRES.
Address: 531 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: PRES () Delete
Name: BERNREUTER, IRIS R V. PRES
Address: 531 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BERNREUTER, BOB J PRES.
Address: 529 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: V. P (X) Change () Addition
Name: BERNREUTER, IRIS R V. PRES
Address: 529TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

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: BOB J BERNREUTER

PRES

03/16/2009

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