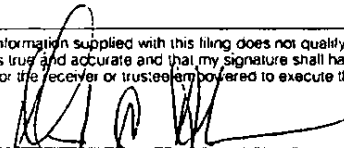


FILED
Apr 12, 2007 8:00 am
Secretary of State

03-30-2007 90038 025 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000048386			
1. Entity Name KEY WEST FERRY LLC			
Principal Place of Business 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US		Mailing Address 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 Market Street Suite 300 Portsmouth, NH 03801 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03801	US
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Manager Richard C. Ade 1000 Market Street Portsmouth, NH 03801		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP Change Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 1/19/07 Days/Time Phone # (603) 559-2100	
Richard C. Ade, Manager			