2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000093320

Entity Name: ROBBIES OF KEY WEST LLC

Current Principal Place of Business:

7281 SHRIMP ROAD
KEY WEST, FL 330405408 US

New Principal Place of Business:

Current Mailing Address:

7281 SHRIMP ROAD
KEY WEST, FL 330405408 US

New Mailing Address:

FEI Number: 20-5590798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAYNE OTTO-FITZDAM CPA
19890 SW 272 ST
HOMESTEAD, FL 33031 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 ( ) Delete
Name: MICHAEL, RECKWERDT
Address: 7 SUKOSHI LANE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGR ( ) Delete
Name: ANNIE, RECKWERDT
Address: 7 SUKOSHI LANE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGR ( ) Delete
Name: STEVEN, KAVANAUGH
Address: END OF OLD SHRIMP RD
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: STEPHEN, CAVANAGH
Address: 7281 SHRIMP ROAD
City-St-Zip: KEY WEST, FL 33040 US

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: MICHAEL RECKWERDT MGRM 04/26/2007

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