

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113239

Entity Name: W3 CEDAR KEY, LLC

FILED  
Apr 09, 2008  
Secretary of State

**Current Principal Place of Business:**

5063 S.W. 91ST DRIVE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5063 S.W. 91ST DRIVE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT B  
5063 S.W. 91ST DRIVE  
GAINESVILLE, FL 32608 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: KRAMER, ROBERT B  
Address: 5063 SW 91ST DR  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: FREEMAN, JEFF  
Address: 3747 ROYAL PALM AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: LANG, GREGORY D  
Address: 12411 GULF BLVD  
City-St-Zip: CEDAR KEY, FL 32625

**ADDITIONS/CHANGES:**

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

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

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

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: ROBERT B KRAMER

MGRM

04/09/2008

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