

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065012

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: KEY WEST PITA, LLC

**Current Principal Place of Business:**

BEACHSIDE RESORT  
#125  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MARY K. SINCLAIR, AGENT  
21220 CENTER RIDGE ROAD #250  
ROCKY RIVER, OH 44116 US

**New Mailing Address:**

C/O MARY K. SINCLAIR, AGENT  
23550 CENTER RIDGE ROAD #206  
WESTLAKE, OH 44145 US

FEI Number: 26-0389738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'BOYLE, THOMAS  
7815 MANASOTA KEY ROAD  
ENGLEWOOD, FL 34223 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: O'BOYLE, THOMAS  
Address: 7815 MANASOTA KEY ROAD  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: SIMON, CHARLES T  
Address: 510 EMMA STREET  
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:

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: CHARLES T. SIMON

MGRM

04/07/2008

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