2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L07000065012

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
23550 CENTER RIDGE ROAD #206
WESTLAKE, OH 44145 US

New Mailing Address:

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: MGRM (X) Change ( ) Addition
Name: SIMON, CHARLES T
Address: 1500 SEMINARY STREET #5A
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: CHARLES T. SIMON MGRM 03/16/2009

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