

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061641

FILED  
Aug 04, 2009  
Secretary of State

**Entity Name:** KEY WEST EXECUTIVE AIR CHARTER, LLC

**Current Principal Place of Business:**

24 HILTON HAVEN DRIVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

24 HILTON HAVEN DRIVE  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FELDMAN KOENING HIGHSMITH & VAN LOON, P.A.  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 US

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: KNIGHT, EDWARD B  
Address: 24 HILTON HAVEN DRIVE  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: ROSSI, MARK  
Address: 24 HILTON HAVEN DRIVE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ROSSI, MARK  
Address: 24 HILTON HAVEN DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: MARK ROSSI

MGRM

08/04/2009

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