

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000040875

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** CAPTAINS OF THE DEVILS TRIANGLE, LLC

**Current Principal Place of Business:**

1218 3RD ST.  
UPSTAIRS  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

1218 3RD ST.  
UPSTAIRS  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 27-2117467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOMERS, JAIME JO  
1218 3RD ST.  
UPSTAIRS  
KEY WEST, FL 33040 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  
Name: SOMERS, JAIME JO  
Address: 1218 3RD ST. UPSTAIRS  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM  
Name: METCALF, KRISTIE L  
Address: P.O. BOX 101  
City-St-Zip: KEY WEST, FL 33041 US

Title: MGRM  
Name: METCALF, LARRY T  
Address: P.O. BOX 101  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM  
Name: KIRKPATRICK, GEOFF R  
Address: 2405 SEIDENBERG AVE.  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM  
Name: SMALL, CHARLES J  
Address: 88005 OVERSEAS HIGHWAY, PMB 598  
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGRM  
Name: ROZAR, SANDRA  
Address: 140 MARINA ST.  
City-St-Zip: KEY LARGO, FL 33037 US

I hereby 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: KRISTIE L METCALF

MGRM

04/28/2011

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