FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L17437** **(9)**

1. Corporation Name
LIMEHOUSE MANAGEMENT COMPANY

Principal Place of Business
219 ELIZABETH ST.
KEY WEST FL 33040
US

Mailing Address
219 ELIZABETH ST.
KEY WEST FL 33040
US

3. Date Incorporated or Qualified: 09/18/1989
3a. Date of Last Report: 04/26/1995

4. FEI Number: 65-0166464 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 KEY WEST FL
Suite, Apt. #, etc.
22
City & State
23 KEY WEST FL
Zip 24 33040 Country 25 USA

2a. Mailing Address
26 219 ELIZABETH ST
Suite, Apt. #, etc.
27
City & State
28 KEY WEST FL
Zip 29 33040 Country 30 USA

9. Name and Address of Current Registered Agent
THOMPSON, IRA G.
219 ELIZABETH STREET
KEY WEST FL FL 33040

10. Name and Address of New Registered Agent
81 Name JAMES D. HEFFERNAN
82 Street Address (P.O. Box Number is Not Acceptable) 219 ELIZABETH ST
83 ~~KEY WEST FL 3~~
84 City KEY WEST FL 85 Zip Code 33040

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: James D Heffernan President — 1/27/96
(If the Registered Agent is an officer or director of the corporation, he must also sign above.) (Date Registered Agent Signature Required When Changed) DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
D	HEFFERNAN, JAMES D.	219 ELIZABETH ST.	KEY WEST FL	☐
D	THOMPSON, IRA G.	219 ELIZABETH ST.	KEY WEST FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 if an addition.

SIGNATURE: James D Heffernan — 1/27/96 — 305 296-2978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)