

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33040-6612  
US**



2. Principal Place of Business

**21 1075 DUVAL ST.**

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

**22 SUITE C-17**

Suite, Apt. #, etc.

**27**

City & State

**23 KEY WEST FL**

City & State

**28**

Zip

**24 33040**

Country

**25 U.S.A.**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**HEFFERNAN, JAMES D  
219 ELIZABETH STREET  
KEY WEST FL FL 33040**

3. Date Incorporated or Qualified

**09/18/1989**

3a. Date of Last Report

**02/06/1996**

4. FEI Number

**65-0168464**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*James D. Heffernan*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D HEFFERNAN, JAMES D.**  
STREET ADDRESS **219 ELIZABETH ST.**  
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE  
NAME **D THOMPSON, IRA G.**  
STREET ADDRESS **219 ELIZABETH ST.**  
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

*James D. Heffernan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/13/97 305 296-6706**

CR2E034 (9/96)