2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003038

1. Entity Name

KEY WEST SHUTTLE, L.L.C.

FILED
'00 JAN 18 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O FACTORY BAY 1079 BALD EAGLE DRIVE, SUITE 3 MARCO ISLAND FL 34145	C/O FACTORY BAY 1079 BALD EAGLE DRIVE, SUITE 3 MARCO ISLAND FL 01950-2555

2. Principal Place of Business	3. Mailing Address
KeyWest Shuttle LLC	Key West Shuttle LLC
Suite, Apt. #, etc. 550 - Port-O-Call WAY	Suite, Apt. #, etc. 54 Merrimac St
City & State Naples FL	City & State Newburyport MA
Zip 34102 Country	Zip 01950 Country

4. FEI Number 59-3546710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HILTON, GEORGE D
C/O FACTORY BAY
1079 BALD EAGLE DRIVE, SUITE 3
MARCO ISLAND FL 34145

change Address

7. Name and Address of New Registered Agent

Name Hilton, George D
Street Address (P.O. Box Number is Not Acceptable) 550 Port-O-Call WAY
City Naples FL Zip Code 34102

8. 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HILTON, GEORGE D 54 MERRIMAC STREET NEWBURYPORT MA 01950 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLER, JOSEPH 269 MILLWAY BARNSTABLE MA 02638 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003114046--4 -01/28/00--01023--011 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I 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 report is true and accurate and that my 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: [signature] 1/12/00 978 4659875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #