2001 UNIFORM BUSINESS REPORT (UBR)

0026315 AF

DOCUMENT # L98000003038

1. Entity Name
KEY WEST SHUTTLE, L.L.C.

FILED
01 JAN 16 AM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
KEY WEST SHUTTLE LLC 550 PORT -O-CALL WAY NAPLES FL 34102	KEY WEST SHUTTLE LLC 54 MERRIMAC STREET NEWBURYPORT MA 01950

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
HILTON, GEORGE D 550 PORT-O-CALL WAY NAPLES FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) 500003575215--8 -01/25/01--01098--003 *****50.00 *****50.00 City FL Zip Code

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	Hill George J. Jr. PO Box 605 Barnstable MA 02630 ☐ 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	Telman Timothy T. PO Box 153 Barnstable MA 02630 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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: George D Hilton 1/10/2001 508-465-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #