2000 UNIFORM BUSINESS REPORT (UBR)

	0000	7635	,	•			AND FILED			
EY WEST, L.C.										
	1. Entity Name MONTY'S KEY WEST, L.C.					00) MAY - 1 AH 11: 4	0		
						SECRETARY OF STATE				
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE. SUITE 200 MIAMI FL 33133 MIAMI FL 33133-5402				UITE 200		IAL	LAHASSEE, FLOR	IJĄ		
· · · · · · · · · · · · · · · · · · ·				,						
2. Principal Place of Business 3. Mailing Address				·			######################################	il Beitt Baiti (Baia	Kiras Isl	#1 6 1(1 1 4 9 1
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State City & State						El Nu	5-0978616		+	lied For Applicable
Country		Zip C		Country						ional
6. Name and Address of Current Registered Agent				Nama	7. N	lame a	and Address of New Regist	lered Agent		
O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DRIVE, SUITE 200 MIAMI FL 33133					ldress (P.O. B					
				City				FL Zip	Code	
med entity submits this statemen	nt for the purpo	ose of changing its	s registere	ed office or	registered age	ent, or	both, in the State of Florida.			
nature, typed or printed name of registered as	gent and title if appl	icable. (NO	TE: Registere	d Agent signatur	e required when re	instating	1)	DATE	_	
							-05/23/00	I01108-	00)2
	MBERS/MEM	_	10.	<u> </u>			ADDITIONS/CHA			Addition
NAME MONTY'S HOLDING'S, INC. STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 200 CITY-ST-ZIP MIAMI FL 33133			NAM Stre	E Et address				Gita	Ma	
	_	□ Delete	RAM STRE	ET ADDRESS				☐ Chai	nga	Addition
		☐ Defeta	NAM STRE	E ET ADDRESS				Char	198	Addition
		☐ Delete	NAM \$tre	E Et address				☐ Char	 198	Addition
		☐ Detate	TITLI MAM STRE	E E				☐ Char	 1g8	Addition
	-		TITLE					Char	 igê	Addition
	Country 6. Name and Address of Curre JUAN T BAYSHORE DRIVE, SUITE 133 med entity submits this statement mature, typed or printed name of registered at MANAGING ME GR ONTY'S HOLDING'S, INC. 165 SOUTH BAYSHORE DRI	e of Business 3. Mail etc. City Country Zip 6. Name and Address of Current Registere JUAN T BAYSHORE DRIVE, SUITE 200 133 med entity submits this statement for the purport mature, typed or printed name of registered agent and title if appl MANAGING MEMBERS/MEM GR ONTY'S HOLDING'S, INC. 165 SOUTH BAYSHORE DRIVE, SUITE 2	e of Business atc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent JUAN T BAYSHORE DRIVE, SUITE 200 133 med entity submits this statement for the purpose of changing its nature, typed or printed name of registered agent and title if applicable. (NO FILE N MANAGING MEMBERS / MEMBERS GR ONTY'S HOLDING'S, INC. 165 SOUTH BAYSHORE DRIVE, SUITE 200 AMI FL 33133 Delete Delete Delete	e of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Coun 6. Name and Address of Current Registered Agent JUAN T BAYSHORE DRIVE, SUITE 200 133 med entity submits this statement for the purpose of changing its registered agent and tide if applicable. (NOTE: Registered Payable to ManaGING MEMBERS/MEMBERS GR ONTY'S HOLDING'S, INC. 165 SOUTH BAYSHORE DRIVE, SUITE 200 AMI FL 33133 Detate TITU NAM STRE CITY Detate TITU NAM NAM STRE CITY TITU NAM STRE	e of Business 3. Mailing Address atc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name Street Act Street Act City MANAGING MEMBERS / MEMBERS MERET ADDRESS CITY- ST- ZIP Deletto TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	e of Business 3. Mailing Address stc. Suite, Apt. #, etc. City & State Country Zip Country 5. (Country 5. (Country 5. (Country Country 5. (Country 5. (City Street Address (P.O. B. City FILE NOW!!! FEE Is \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS FILE NOW!!! FEE Is \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. TITLE NAME STREET ADDRESS CITY- \$17- 2P TITLE NAME	e of Business 3. Mailing Address stc. Suite, Apt. #, etc. City & State Country 5. Certific 6. Name and Address of Current Registered Agent Name Name Street Address (P.O. Box Nu. Street Address) City med entity submits this statement for the purpose of changing its registered office or registered agent, or return, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstance FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS GR ONTY'S HOLDING'S, INC. 165 SOUTH BAYSHORE DRIVE, SUITE 200 AMI FL 33133 Debets TITLE NAME STREET ADDRESS CITY-51-ZIP Debets TITLE NAME	and the state of Business and Country and Business and Apt. #, etc. by State country co	and of Business atc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Toty Tecty Tect	######################################

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN G MANAGING MEMBER OR MANAGER