

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007635

Entity Name: MONTY'S KEY WEST, L.C.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133

## Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133

## New Principal Place of Business:

2950 SOUTHWEST 27 AVENUE  
SUITE 300  
MIAMI, FL 33133

## New Mailing Address:

2950 SOUTHWEST 27 AVENUE  
SUITE 300  
MIAMI, FL 33133

FEI Number: 65-0978616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'NAGHTEN, JUAN T  
2665 SOUTH BAYSHORE DRIVE, SUITE 200  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

O'NAGHTEN, JUAN T  
2950 SOUTHWEST 27 AVENUE  
SUITE 300  
MIAMI, FL 33133 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MONTY'S HOLDING'S, I, NC.  
Address: 2665 SOUTH BAYSHORE DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33133

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MONTY'S HOLDING'S, I, NC.  
Address: 2950 SOUTHWEST 27 AVENUE, SUITE 300  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN J. KNEAPLER

D

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date