

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002152

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** KEY WEST HOTEL HOLDINGS LLC

**Current Principal Place of Business:**

401 N. MICHIGAN AVE., SUITE 1300  
CHICAGO, IL 60611

**New Principal Place of Business:**

**Current Mailing Address:**

401 N. MICHIGAN AVE., SUITE 1300  
CHICAGO, IL 60611

**New Mailing Address:**

**FEI Number:** 36-3969863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AGONSTINI, ANDREW V  
Address: 401 N. MICHIGAN AVE., SUITE 1300  
City-St-Zip: CHICAGO, IL 60611

Title: MGR ( ) Delete  
Name: LUZURIAGA, J  
Address: 342 EAST BAY STREET  
City-St-Zip: CHARLESTON, SC 29401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AGOSTINI, ANDREW V  
Address: 401 N. MICHIGAN AVE., SUITE 1300  
City-St-Zip: CHICAGO, IL 60611

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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:** ANDREW V. AGOSTINI

MGR

01/18/2006

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