

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000005

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** MARGARITAVILLE OF KEY WEST, LLC

**Current Principal Place of Business:**

500 DUVAL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

500 DUVAL STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 11-3798461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: CEO  
Name: BUFFETT, JIMMY  
Address: 1880 CENTURY PARK EAST, SUITE 1600  
City-St-Zip: LOS ANGELES, CA 90067

Title: PRE  
Name: BOUCHER, KEVIN J  
Address: 500 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: SEC  
Name: SMITH, DONNA  
Address: 424 FLEMING STREET  
City-St-Zip: KEY WEST, FL 33040

I hereby 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: KEVIN BOUCHER

PRE

03/13/2012

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