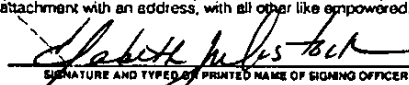


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-11-2005 90138 032 ***150.00

DOCUMENT # P00000048051			
1. Entity Name KEY LIME PRODUCTIONS, INC.			
Principal Place of Business 1800 ATLANTIC BLVD., SUITE C-227 KEY WEST, FL 33040		Mailing Address 1800 ATLANTIC BLVD., SUITE C-227 KEY WEST, FL 33040	
2. Principal Place of Business 1719 Laird St		3. Mailing Address 1719 Laird St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key West FL		City & State Key West, FL	
Zip 33040	Country	Zip 33040	Country
4. FEI Number 65-1091215		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABANAS, KAREN K 317 WHITEHEAD STREET KEY WEST, FL 33040		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1407 Sun Terrace City Key West, FL 33040 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 -After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTOCK, ELIZABETH 1800 ATLANTIC BLVD., SUITE C-227 KEY WEST, FL 33040 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELIZABETH WEINSTOCK 1719 LAIRD ST KEY WEST, FL 33040 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/22/05 305 293 8827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66013709



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