2001	UNIFORM	BUSINESS	REPORT	(UBR

DOCU 1. Entity Nam				•		7					
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PHOENIX OF KEY WEST, L.C.					FILED						
Principal Place of Business Mailing Address					01 JAN 19 PM 3:54						
617 FRONT STREET 160			1609 ROCKLEDGE DRIVE ROCKLEDGE FL 32955			SECRETARY OF STATE / \TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3.			Mailing Address								
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & S	State			4. FEI Nu		1675596		⊢	pplied For ot Applicable
Zip	Country	Zip		Country		5. Certific	cate of Status			\$5.00 Ad Fee Require	ditional
	6. Name and Address of Curre	nt Registered A	gent			-7 Name	and Address	s of New R	egistered	Agent	
				Na	ame						
GREENSPOON, GERALD 100 WEST CYPRESS CREEK ROAD, SUITE 700			٠	Str	reet Address (P.O. Box Nu	mber is Not A	Acceptable))		
	FRDALE EL 33309										
	ERDALE FL 33309			Cit	ty				FI	Zip Coo	le
FT LAUDE		t for the purpose	of changing its			ed agent, or	both, in the	State of Flor	FL	Zip Coo	de
FT LAUDE	ERDALE FL 33309	t for the purpose	of changing its			ed agent, or	both, in the	State of Flor		Zip Coo	de
FT LAUDE				s registered off	fice or register			State of Flor		Zip Coo	de
FT LAUDE	named entity submits this statement		le. (NO	s registered off	fice or register			State of Flor	rida.	Zip Cod	de
FT LAUDE	named entity submits this statement	ent and title if applicab	le. (NO	s registered off	fice or register	when reinstating		State of Flor	rida.	Zip Coc	de
FT LAUDE	named entity submits this statement	ent and title if applicab	le. (NO	s registered off	fice or register	when reinstating		State of Floo	rida.	Zip Coc	de
FT LAUDE 8. The above SIGNATURE 9.	named entity submits this statement	ent and title if applicab	FILE Nake Check Pa	s registered off TE: Registered Agent IOW!!! FEE ayable to De	fice or register	when reinstating)	State of Floo	rida.		
8. The above SIGNATURE 9.	named entity submits this statement Signature, typed or printed name of registered ag MANAGING MEN	ent and title if applicab	FILE Nake Check Pa	S registered off TE: Registered Agent IOW!!! FEE ayable to De	fice or register	when reinstating)		rida.	,	
FT LAUDE 8. The above SIGNATURE 9.	named entity submits this statement Signature, typed or printed name of registered ag MANAGING MEN TRENARY, LARRY 1609 ROCKLEDGE DRIVE	ent and title if applicab	FILE Nake Check Pa	s registered off TE: Registered Agent IOW!!! FEE ayable to De	it signature required IS \$50.00 epartment o	when reinstating) Al	DDITIONS/	DATE	Change	Addition
8. The above SIGNATURE 9. TITLE NAME STREET ADDRESS	named entity submits this statement Signature, typed or printed name of registered ag MANAGING MEN TRENARY, LARRY 1609 ROCKLEDGE DRIVE ROCKLEDGE FL 32955	ent and title if applicab	FILE Nake Check Pa	S registered Agent IE: Registered Agent IOW!!! FEE ayable to De 10. TITLE NAME STREET ADD	it signature required IS \$50.00 epartment o	when reinstating) Al	DDITIONS/	DATE	Change	☐ Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT

6 Jan 01 321.638-4982
Date Daytime Phone #