

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90006 020 ****50.00

DOCUMENT # M02000003288

1. Entity Name

ALOHA OF KEY WEST, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

109 DUVAL ST

3. Mailing Address

225 DUVAL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST FLA

City & State

KEY WEST FLA

4. FEI Number

65-1023718

Applied For

Not Applicable

Zip 33040

Country

Zip 33040

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MORDECHAI ARAZI

Street Address (P.O. Box Number is Not Acceptable)

25 SEA LORE

City

KEY WEST

FL

Zip Code

33040

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

(Signature, typed or printed name of registered agent and title, if applicable)

DATE

7.11.03

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MANAGING MEMBER	MORDECHAI ARAZI	25 SEA LORE LANE	KEY WEST FLA 33040				

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my 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

(Signature)

3.11.03

(305) 243 0992

CR2E083B (12/02)