2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L00000005799

Entity Name: CROSS KEY MANOR, L.L.C.

Current Principal Place of Business:

1550 LEE BLVD.
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1550 LEE BLVD.
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-1017370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKER, JAMES
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

CASWELL, CHRIS
240 S. PINEAPPLE AVE
SUITE 802
SARASOTA, FL 34236 US

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: CHRIS CASWELL 04/29/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	(X) Delete
Name:	GLASS, MATTHEW H	
Address:	C/O 1550 LEE BLVD	
City-St-Zip:	LEHIGH, FL 33936	
Title:	MGR	( ) Delete
Name:	LOGUE N, DON C	
Address:	1550 LEE BLVD.	
City-St-Zip:	LEHIGH ACRES, FL 33936	
Title:	MGR	( ) Delete
Name:	MILLER, HENRY C	
Address:	12620 LAMPLIGHTER SQUARE	
City-St-Zip:	ST. LOUIS, MO 63128	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: DON LOGUE MGR 04/29/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date