2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009179

1. Entity Name
MIDDLE KEYS ENTERPRISES, LLC.

Principal Place of Business	Mailing Address
1601 BELVEDERE ROAD, #407 SOUTH WEST PALM BEACH, FL 33406	1601 BELVEDERE ROAD, #407 SOUTH WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1029264

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A
1601 BELVEDERE ROAD, #407 SOUTH
WEST PALM BEACH, FL 33406

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000160921
05/19/04-80001-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAPPAPORT, MARVIN J
STREET ADDRESS	12500 CLASSIC DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	MGRM
NAME	MEYER, WILLIAM A
STREET ADDRESS	1601 BELVEDERE ROAD, #407 SOUTH
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	MGRM
NAME	CATINELLA, ANTHONY R
STREET ADDRESS	570 GOLDEN HARBOUR DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	TINARI, EDWARD
STREET ADDRESS	7309 BRUNSWICK CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/20/04 561-689-660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE William M Meyer Daytime Phone #