

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90020 041 \*\*\*\*50.00

60040110



03302006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L00000009179</b> 1. Entity Name MIDDLE KEYS ENTERPRISES, LLC.			
Principal Place of Business 1601 BELVEDERE ROAD, #407 SOUTH WEST PALM BEACH, FL 33406		Mailing Address 1601 BELVEDERE ROAD, #407 SOUTH WEST PALM BEACH, FL 33406	
2. Principal Place of Business <i>12500 Classic Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>12500 Classic Drive</i> Suite, Apt. #, etc.	
City & State <i>Coral Springs, FL</i> Zip <i>33071</i> Country <i>USA</i>		City & State <i>Coral Springs, FL</i> Zip <i>33071</i> Country <i>USA</i>	
4. FEI Number 65-1029264		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name <i>Marvin J. Rappaport</i> Street Address (P.O. Box Number is Not Acceptable) <i>12500 Classic Dr.</i> City <i>Coral Springs</i> FL Zip Code <i>33071</i>	
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 <i>MARVIN J. Rappaport</i> DATE <i>3/31/06</i> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAPPAPORT, MARVIN J 12500 CLASSIC DR CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, WILLIAM A 1601 BELVEDERE ROAD, #407 SOUTH WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATINELLA, ANTHONY R 570 GOLDEN HARBOUR DRIVE BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TINARI, EDWARD 7309 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>3/31/06</i> Daytime Phone # <i>(561) 689-6602</i>	