2005 LIMITED LIABILITY COMPANY

FILED Apr 13, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L00000009324 1. Entity Name KEY LARGO PRESS, L.C. Principal Place of Business Mailing Address 24 DOCKSIDE LANE, PMB #42 24 DOCKSIDE LANE, PMB #42 KEY LARGO, FL 33037 KEY LARGO, FL 33037 DO NOT WRITE IN THIS SPACE 03092005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 65-1021132 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent ROACH, WM DEAN DO NOT WRITE 24 DOCKSIDE LANE PMB 42 IN THIS SPACE KEY LARGO, FL 33037 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. (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME ROACH, WM DEAN 24 DOCKSIDE LANE STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL 33037 **UUUUUUUUUUU** TITLE NAME Q4/13/05-80044-016 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THIS SPACE WE N∙ 'fE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption standard 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 Stalutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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