


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # L01000003596 1. Entity Name KEYFAM, LLC	
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Principal Place of Business 1418 CIRCLE DRIVE TARPON SPRINGS, FL 34689	Mailing Address 1418 CIRCLE DRIVE TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE



05082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3709064	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 MARQUARDT, EMIL C JR 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

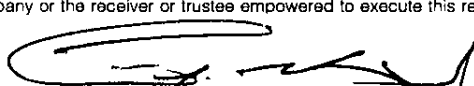
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYS, CLYDE J. P.O. BOX 679 ELFERS, FL 34680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000765271
05/31/07-80032-013 50.00

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.

SIGNATURE:  **5-8-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #