

FILED
May 24, 2002 8:00 am
Secretary of State

03-29-2002 91211 050 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004973

1. Entity Name
THE LANDINGS AT KEY HAVEN, LLC

Principal Place of Business 201 FRONT STREET, SUITE 110 KEY WEST FL 33040	Mailing Address 201 FRONT STREET, SUITE 110 KEY WEST FL 33040
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. SUITE 224	Suite, Apt. #, etc. SUITE 224
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET, #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent:

Name: **EDWIN O SWIFT, III**

Street Address (P.O. Box Number is Not Acceptable)
201 FRONT STREET, SUITE 224

City: **KEY WEST** State: **FL** Zip Code: **33040**

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.

SIGNATURE:

DATE: **3-15-02**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWIFT, EDWIN O III 201 FRONT STREET, SUITE 110 KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUJAN, WAYNE 201 FRONT STREET, SUITE 110 KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLAND, CHRISTOPHER C 201 FRONT STREET, SUITE 110 KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSHER, GERALD R 201 FRONT STREET, SUITE 110 KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, RANDY 201 FRONT STREET, SUITE 110 KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 FRONT STREET, SUITE 224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1104 TRUMAN AVENUE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 FRONT STREET, SUITE 224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 201 FRONT STREET, SUITE 210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1104 TRUMAN AVENUE
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 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:

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

DATE: **3-15-02**

DAYTIME PHONE #: **(305) 296-3609**

CR2E083 (9/01)