

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007819

FILED
Mar 07, 2005
Secretary of State

Entity Name: KEYS TOY LLC

Current Principal Place of Business:

501 PHILLIPS DR.
BOCA RATON, FL 33432

New Principal Place of Business:

365 STIRRUP KEY BLVD
MARATHON, FL 33050

Current Mailing Address:

501 PHILLIPS DR.
BOCA RATON, FL 33432

New Mailing Address:

365 STIRRUP KEY BLVD
MARATHON, FL 33050

FEI Number: 65-1158853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIDSEG, GLENN
501 PHILLIPS DR.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

GIDSEG, GLENN
365 STIRRUP KEY BLVD
MARATHON, FL 33050 US

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:

03/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GIDSEG, GLENN
Address: 501 PHILLIPS DR
City-St-Zip: BOCA RATON, FL 33432

Title: MGR () Delete
Name: GIDSEG, RELINDA
Address: 501 PHILLIPS DR
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIDSEG, GLENN
Address: 365 STIRRUP KEY BLVD
City-St-Zip: MARATHON, FL 33050

Title: MGR (X) Change () Addition
Name: GIDSEG, RELINDA
Address: 365 STIRRUP KEY BLVD
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GLENN GIDSEG

MGR

03/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date