


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 06, 2008 8:00 am  
Secretary of State**

01-31-2008 90068 042 \*\*\*150.00

<b>DOCUMENT # L01000017601</b> 1. Entity Name KEY, LLC	
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Principal Place of Business 1506 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 US	Mailing Address 1506 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 US
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01222008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0387707	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ABERN, FRED L JR. 2215 SOUTH THIRD STREET, SUITE 101 JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALCHLE, BART A 1506 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250
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**DO NOT WRITE  
IN THIS SPACE**

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:**

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

3-1-08

Date

704241-7600

Daytime Phone #