

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005973

1. Entity Name
FLORIDA KEYS TOYS LLC



Principal Place of Business
**HIGHLAND PARK PLACE 18TH FLOOR
4514 COLE AVE.
DALLAS, TX 75205-4185**

Mailing Address
**HIGHLAND PARK PLACE 18TH FLOOR
4514 COLE AVE.
DALLAS, TX 75205-4185**



01112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
46-0476135

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYLE, CONRAD J ESQ.
500 EAST BROWARD BLVD.
SUITE 1950
FT. LAUDERDALE, FL 33394**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANSON, FRANK
4514 COLE AVE #1800 HIGHLAND PARK PL
DALLAS, TX 75205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRANSON, DEBBIE
4514 COLE AVE #1800 HIGHLAND PARK PL
DALLAS, TX 75205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/20/06-80045-003 55.00

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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

Date

Daytime Phone #

Frank Branson
1-11-06