


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000005973 1. Entity Name FLORIDA KEYS TOYS LLC	
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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
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01072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 46-0476135	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

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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	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
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01/16/08-80044-014 143.75

**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:  **1.7.08** **214.522.0200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #