2006 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # L02000024729 1. Entity Name KEY WEST KEY LIME, LLC Principal Place of Business Mailing Address 1590 FIRST STREET 1590 FIRST STREET SARASOTA, FL 34236 SARASOTA, FL 34236 01162006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 77-0455236 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOAR, JAMES C DO NOT WRITE 1590 FIRST STREET SARASOTA, FL 34236 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE HDDDDD509046 Filing Fee is \$50.00 Due by May 1, 2006 (4/28/06-80026-011 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE HADLEY, PEGGY JO NAME 155 W. MAIN ST. STREET ADDRESS CITY-ST-ZIP BENTON HARBOR, MI 49022 SANDER, ROSSALYN NAME 155 W. MAIN ST. STREET ADDRESS

DO NOT WRITE IN THIS SPACE

Daytime Phone #

Applied For

Not Applicat

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this tegoritis 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 AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADBRESS BENTON HARBOR, MI 49022