

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90077 025 ***138.75

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # L02000027957 1. Entity Name KEY LARGO BAY BEACH, LLC | |  | |
| Principal Place of Business % ATLANTIA HOLDINGS 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 | | Mailing Address % ATLANTIA HOLDINGS 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 | |
| 2. Principal Place of Business - No P.O. Box # 645 E. Dania Beach Blvd. Dania Beach, FL 33004 | | 3. Mailing Address 645 E. Dania Beach Blvd. Dania Beach, FL 33004 | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLACKBURN, ACE J JR 645 EAST DANIA BEACH BLVD DANIA BEACH, FL 33004 | | 7. Name and Address of New Registered Agent Chris A. Economou 645 E. Dania Beach Blvd. Dania Beach, FL 33004 Zip Code _____ | |
| 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 _____ DATE <u>4/14/08</u> <small>Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM BLACKBURN, JR., A. 645 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Chris A. Economou 645 E. Dania Beach Blvd. Dania Beach, FL 33004 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: _____ DATE <u>4/14/08</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | |

60041476



01042008 Chg-LLC CR2E083 (12/06)