


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # **L03000007467**

1. Entity Name  
**KEY LEASING, LLC**



Principal Place of Business      Mailing Address

**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**      **777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401**      **WEST PALM BEACH, FL 33401**

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VOGELSANG, STEPHEN G**  
**777 SOUTH FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

00000187083  
 01/21/05-80083-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HANLEY, DANIEL A</b> <b>777 S. FLAGLER DRIVE</b> <b>WEST PALM BEACH, FL 33401</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Daniel A Hanley*      1/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Time Phone #