

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 03, 2007 8:00 am  
Secretary of State**

04-03-2007 90122 035 \*\*\*\*\*55.00

**DOCUMENT # L03000012620**

1. Entity Name  
**GOLD KEY ENTERPRISES, LLC**



Principal Place of Business  
**1445 COX RD., STE. 2  
COCOA, FL 32923**

Mailing Address  
**PO BOX 410798  
MELBOURNE, FL 32941**

001816



03212007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3125327**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BOUDREAUX, CHARLES E  
4323 DAVIDIA DR.  
MELBOURNE, FL 32934**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P MANAGING MEMBER / MANAGER**  
NAME **BOUDREZUX, CHARLES**  
STREET ADDRESS **PO BOX 410798**  
CITY-ST-ZIP **MELBOURNE, FL 32941**

TITLE **MANAGING MEMBER / MANAGER**  
NAME **BAUCE WATSON**  
STREET ADDRESS **PO BOX 410798**  
CITY-ST-ZIP **MELBOURNE, FL 32941**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Charles Boudreaux*

*3/22/07*

*321 253 2059*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #