2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

CUMENT # L03000024352

tity Name

LDKEY, LLC

ipal Place of Business: 0 DOWLING DR, LAHASSEE FL 32309

Mailing Address: 3140 DOWLING DR, TALLAHASSEE FL 32309

1st MOORE CR2E083 (10/05)

incipal Place of Business	3. Mailing Address
ite, Apt. #, etc.	Suite, Apt. #, etc.
ity & State	City & State
p / Country	Zip / Country

4. FEI Number: 86-1102550 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOHLKE, KATHRYN 3140 DOWLING DR TALLAHASSEE FL 32309	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8 e 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 acce obligations of registered agent.

S ATURE ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: GOHLKE, HENRY G STREET ADDRESS: 3140 DOWLING DR CITY-ST-ZIP: TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: MGRM NAME: GOHLKE, KATHRYN STREET ADDRESS: 3140 DOWLING DR CITY-ST-ZIP: TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000397968 01/30/06-80077-002 50.00
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11. eby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information icated 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 ited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Henry G Gohlke HENRY G. GOHLKE 01-18-06 850-668-2867