2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L03000024352

Entity Name: GOLDKEY, LLC

Current Principal Place of Business:

90 JULIE LANE
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

90 JULIE LANE
MONTICELLO, FL 32344

New Mailing Address:

FEI Number: 86-1102550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOHLKE, KATHRYN
3140 DOWLING DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

GOHLKE, KATHRYN
90 JULIE LANE
MONTICELLO, FL 32344 US

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.

SIGNATURE: 07/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOHLKE, HENRY G
Address: 3140 DOWLING DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM ( ) Delete
Name: GOHLKE, KATHRYN
Address: 3140 DOWLING DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOHLKE, HENRY G
Address: 90 JULIE LANE
City-St-Zip: MONTICELLO, FL 32344

Title: MGRM (X) Change ( ) Addition
Name: GOHLKE, KATHRYN
Address: 90 JULIE LANE
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HENRY G. GOHLKE MGRM 07/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date