

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024621

FILED
Jan 28, 2004
Secretary of State

Entity Name: KEYS INVESTMENTS, LLC

Current Principal Place of Business:

2741 N.E. 27TH COURT
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2741 N.E. 27TH COURT
FT. LAUDERDALE, FL 33306

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLODIG, GREGORY J
GREENSPOON, MARDER, HIRSCHFELD, ET AL
100 WEST CYPRESS CREEK ROAD, STE. 700
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RUSSELL, ROBERT
Address: 2741 N.E. 27TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGR () Delete
Name: RUSSELL, MICHAEL K
Address: 2741 N.E. 27TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGR () Delete
Name: HAWKESWORTH, JAMES
Address: 2741 N.E. 27TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL RUSSELL

MGR

01/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date