

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L03000024621**

1. Entity Name  
**KEYS INVESTMENTS, LLC**



Principal Place of Business  
**85501 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036**

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



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. 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**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>RUSSELL, ROBERT</b>
STREET ADDRESS	<b>2741 N.E. 27TH COURT</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33306</b>

TITLE	<b>MGR</b>
NAME	<b>RUSSELL, MICHAEL K</b>
STREET ADDRESS	<b>2741 N.E. 27TH COURT</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33306</b>

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	

000000344175  
01/26/06-80012-005 \$5.00

**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:** \_\_\_\_\_

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

**1/17/06 954-812-3527**  
Date Daytime Phone #