

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024639

Entity Name: GIVING YOU THE KEYS, LLC

FILED
Feb 14, 2005
Secretary of State

Current Principal Place of Business:

720 DUVAL STREET
APT. 2R
KEY WEST, FL 33040 US

New Principal Place of Business:

1105 WHITEHEAD STREET
KEY WEST, FL 33040 US

Current Mailing Address:

720 DUVAL STREET
APT. 2R
KEY WEST, FL 33040 US

New Mailing Address:

1105 WHITEHEAD STREET
KEY WEST, FL 33040 US

FEI Number: 77-0604112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MABIE, WILLIAM P
720 DUVAL STREET
APT. 2R
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MABIE, WILLIAM P
1105 WHITEHEAD STREET
KEY WEST, FLORIDA, FL 33040 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: W. PAUL MABIE

02/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RASSAT, DAVID F
Address: 718 DUVAL STREET, APT. 2R
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR (X) Delete
Name: MABIE, W. PAUL
Address: 718 DUVAL STREET, APT. 1R
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MABIE, WILLIAM P
Address: 1105 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040 US

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: W. PAUL MABIE

MGR

02/14/2005

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