04-28-2005 90026 004 ****50.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026153

1. Entity Name
CHRISTMAS KEY LLC

Principal Place of Business	Mailing Address
1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444	1100 LINTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444 US

2. Principal Place of Business		3. Mailing Address	
1001 E. Atlantic Ave		1000 Market Street	
Suite, Apt. #, etc.: Suite 202		Suite, Apt. #, etc.: Suite 300	
City & State: Delray Beach, FL		City & State: Portsmouth, NH	
Zip: 33483	Country: US	Zip: 03801	Country: US

01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

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
CRITCHFIELD, RICHARD H 1100 LINTON BLVD. SUITE C-7 DELRAY BEACH, FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WALSH, MARK 1100 CONTON BLVD. SUITE C-9 DELRAY BEACH, FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1001 E. Atlantic Ave, Suite 202 Delray Beach, FL 33483
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ADE, RICHARD 1000 MARKET ST. PORTSMOUTH, NH 3801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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] Richard Ade 1/10/05 (603)559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #