2004 LIMITED LIABILITY COMPANY
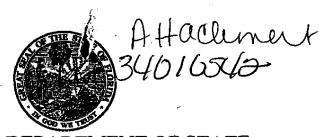## ANNUAL REPORT (AR)

9/9/

DOCUMENT # L03000026800

1. Entity Name

CENTRAL FLORIDA KEYS, LLC

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MOORE   CR2E083 (4/04)

Principal Place of Business	Mailing Address
1861 PALM LANE ORLANDO FL 32803	1861 PALM LANE ORLANDO FL 32803

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 55-0843041	Applied For / Not Applicable
Zip	Country	Zip	Country

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
SHEA, BOB 1861 PALM LANE ORLANDO FL 32803	_ 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9.	MANAGING MEMBERS / MANAGERS		10.		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEA, BOB 1861 PALM LANE ORLANDO FL 32803	☐ 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
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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: _____   Sept 01, 04   (407) 7485017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 10, 2004

CENTRAL FLORIDA KEYS, LLC
1861 PALM LANE
ORLANDO, FL 32803

Subject: **CENTRAL FLORIDA KEYS, LLC**

Reference Number: **L03000026800**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/RH
ANNUAL REPORTS SECTION