2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000042500

1. Entity Name
CEDAR KEY PROPERTIES, LLC

Principal Place of Business	Mailing Address
333 N.W. 3RD AVENUE OCALA, FL 34475	333 N.W. 3RD AVENUE OCALA, FL 34475

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
52-2413037	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, H. RANDOLPH
333 N.W. 3RD AVENUE
OCALA, FL 34475

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, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KLEIN, H. RANDOLPH
STREET ADDRESS	333 N.W. 3RD AVENUE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	MGRM
NAME	LEEWARD, DIRK J
STREET ADDRESS	P.O. BOX 1476
CITY-ST-ZIP	OCALA, FL 34478
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	

U00000608268
02/01/07-80003-019 50.00

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: _____ H RANDOLPH KLEIN 1/17/07 352/732-7250

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