

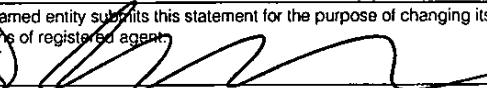
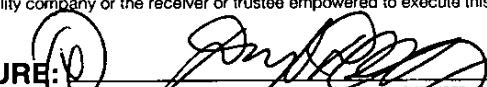


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:45

DOCUMENT # L04000029655				DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
1. Entity Name WEST KEY ASSOCIATES, LLC				05 SEP 28 AM 9:45	
Principal Place of Business HC-1 BOX 525 LAKEVILLE, PA 18438		Mailing Address HC-1 BOX 525 LAKEVILLE, PA 18438			
2. Principal Place of Business 2430 HWY 34, BLDG A		3. Mailing Address 2430 HWY 34, BLDG A		07122005 Chg-LLC CR2E083 (10/03)	
City & State MANASQUAN NJ		City & State MANASQUAN NJ		4. FEI Number 30-0244579	
Zip 08736		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent IRISH, GEORGE P 510 NOAH LANE KEY WEST, FL 33040				7. Name and Address of New Registered Agent Name DANIEL J. DUFFY Street Address (P.O. Box Number is Not Acceptable) 2430 HWY 34, BLDG A City MANASQUAN FL Zip Code 08736	
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  DATE 9/15/05 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME IRISH, GEORGE P STREET ADDRESS HC-1 BOX 525 CITY-ST-ZIP LAKEVILLE, PA 18438			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DANIEL J. DUFFY STREET ADDRESS 2430 HIGHWAY 34, BLDG. A CITY-ST-ZIP MANASQUAN NJ 08736		
TITLE MGR <input type="checkbox"/> Delete NAME DUFFY, DANIEL J STREET ADDRESS 2517 HIGHWAY 35 BLDG 13 CITY-ST-ZIP MANASQUAN, NJ 08738			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DANIEL J. DUFFY STREET ADDRESS 2430 HIGHWAY 34, BLDG. A CITY-ST-ZIP MANASQUAN NJ 08736		
TITLE MGR <input type="checkbox"/> Delete NAME HYDE, R. REGINALD STREET ADDRESS P.O. BOX 232 CITY-ST-ZIP SEA GIRT, NJ 08750			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME REINSTATEMENT STREET ADDRESS 2005 CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME COSTELLO, RONALD J STREET ADDRESS 1534 TOBOGGAN RUN CITY-ST-ZIP MANASQUAN, NJ 08736			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME CANNOVA, JOSEPH STREET ADDRESS 116 SHENANDOAH BLVD. CITY-ST-ZIP TOMS RIVER, NJ 08753			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME NAVARRO, FRANK J STREET ADDRESS P.O. BOX 203 CITY-ST-ZIP ALLENWOOD, NJ 08720			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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  DATE 9/15/05 732 528 7110 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					