2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90533 009 ****50.00

DOCUMENT # L04000036805

1. Entity Name
KEYS BOAT RENTALS, LLC

Principal Place of Business	Mailing Address
ATTN: MURIEL RUSSELL 720 N.E. 69 STREET, TOWER 11 NORTH MIAMI, FL 33138	ATTN: MURIEL RUSSELL 720 N.E. 69 STREET, TOWER 11 NORTH MIAMI, FL 33138

2. Principal Place of Business	3. Mailing Address
107900 OVERSEAS HWY	720 ~~SW~~ N.E. 69 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. 11 NORTH
City & State KEY LARGO, FLA	City & State MIAMI, FL
Zip 33037 Country USA	Zip 33138 Country USA

02152005 C[illegible] LLC CR2E083 (10/03)

05-6609014 ☐ 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
RUSSELL, MURIEL 720 N.E. 69 STREET, TOWER 11 NORTH MIAMI, FL 33138	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MANAGER MURIEL RUSSELL 720 N.E. 69 ST. 11N MIAMI, FL. 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HERBERT J STEIN 720 N.E. 69 ST 11N MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GREG FARMER 1756 N. BAYSHORE 29 G MIAMI, FL. 33132	☐ 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: Herbert J Stein 3/18/05 305 759 0441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #