

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90034 009 \*\*\*\*55.00

**DOCUMENT # L04000036805**

1. Entity Name  
**KEYS BOAT RENTALS, LLC**



Principal Place of Business  
**107900 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037 US**

Mailing Address  
**720 NORTHEAST 69 STREET  
TOWER 11 NORTH  
MIAMI, FL 33138 US**

**20030228**



2. Principal Place of Business

3. Mailing Address

**1538 SE 20th Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-LLC CR2E083 (11/05)

City & State

City & State  
**Homestead, Florida**

4. FEI Number  
**05-0609014**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33035**

**USA**

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

**FARMER, GREGORY  
1756 NORTH BAYSHORE DRIVE G-29  
MIAMI, FL 33132**

Name  
**Farmer, Gregory**

Street Address (P.O. Box Number is Not Acceptable)

**1538 SE 20th Place**

City

**Homestead**

FL

Zip Code

**33035**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-06**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RUSSELL, MURIEL  
720 NORTHEAST 69 STREET 11 NORTH  
MIAMI, FL 33138** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STERN, HERBERT J  
720 NORTHEAST 69 STREET 11 NORTH  
MIAMI, FL 33138** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FARMER, GREG  
1756 NORTH BAYSHORE 29G  
MIAMI, FL 33132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Farmer, Greg  
1538 SE 20th Place  
Homestead, Florida 33035** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-11-06**