

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055114

FILED
May 02, 2005
Secretary of State

Entity Name: KEYS TO PARADISE SRQ, LLC

Current Principal Place of Business:

P.O. BOX 3319
SARASOTA, FL 34230

New Principal Place of Business:

P.O. BOX 35163
SARASOTA, FL 34242

Current Mailing Address:

P.O. BOX 3319
SARASOTA, FL 34230

New Mailing Address:

P.O. BOX 35163
SARASOTA, FL 34242

FEI Number: 20-1413198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUSHING, RALPH
681 AVENIDA DE MAYO
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CUSHING, RALPH
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: CUSHING, LINDA
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CUSHING, RALPH J MGR
Address: P.O. BOX 35163
City-St-Zip: SARASOTA, FL 34242

Title: MGR (X) Change () Addition
Name: CUSHING, LISA
Address: P.O. BOX 35163
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RALPH CUSHING

MGR

05/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date