

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072646

FILED  
Aug 30, 2006  
Secretary of State

**Entity Name:** KEYS BREEZE INVESTMENTS, LLC

**Current Principal Place of Business:**

120 ANGELA STREET  
SUITE #102  
KEY WEST, FL 33040

**New Principal Place of Business:**

1619 ROSE ST  
KEY WEST, FL 33040

**Current Mailing Address:**

120 ANGELA STREET  
SUITE #102  
KEY WEST, FL 33040

**New Mailing Address:**

1619 ROSE ST  
KEY WEST, FL 33040

FEI Number: 20-1714449      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:**

POLLEY, CHARLES  
120 ANGELA STREET  
SUITE #102  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

POLLEY, CHARLES  
1619 ROSE ST  
KEY WEST, FL 33040 US

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: CHARLES POLLEY

08/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: POLLEY, CHARLES  
Address: 120 ANGELA STREET, SUITE #102  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POLLEY, CHARLES  
Address: 1619 ROSE ST  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES POLLEY

MNGR

08/30/2006

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