

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076639

**FILED**  
**Jan 19, 2006**  
**Secretary of State**

**Entity Name:** KEYS LUXURY RESORTS LLC

**Current Principal Place of Business:**

540 GREENE STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

540 GREENE STREET  
SUITE A  
KEY WEST, FL 33040

**Current Mailing Address:**

540 GREENE STREET  
KEY WEST, FL 33040

**New Mailing Address:**

540 GREENE STREET  
SUITE A  
KEY WEST, FL 33040

**FEI Number:** 37-1501217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELDMAN, KOENIG & HIGHSMITH PA  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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/MANAGERS:**

Title: MR ( ) Delete  
Name: HUNT, CRAIG H MD  
Address: 21 SUNSET KEY DRIVE  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CRAIG H HUNT

MR

01/19/2006

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