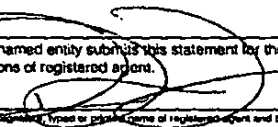


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/18/2

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-18-2005 90129 032 ****50.00

DOCUMENT # L04000087704			
1. Entity Name THE KEYS GETAWAY, LLC			
Principal Place of Business 1521 S.W. 57TH STREET CAPE CORAL, FL 33914		Mailing Address 1521 S.W. 57TH STREET CAPE CORAL, FL 33914	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02162005		Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-9309285		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FULMER, RANDY 1521 S.W. 57TH STREET CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name: Tracey Fulmer Street Address (P.O. Box Number is Not Acceptable) 1521 SW 57 St City: Cape Coral FL Zip Code: 33914	
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 2-17-5	
Filing Fee is \$80.00 Due by May 1, 2008		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP Manager Tracey Fulmer 1521 SW 57 St Cape Coral FL 33914		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	
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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: 		Date 2-17-5 Daytime Phone # 239-549-2300	