

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE

**FILED
Jan 09, 2006 8:00 am
Secretary of State**

01-09-2006 90049 031 ****50.00

20000052



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2309285	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FULMER, TRACEY
1521 S.W. 57TH STREET
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR

NAME FULMER, TRACEY
STREET ADDRESS 1521 SOUTHWEST 57 STREET
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1-16-06 0239-994-10x04

Date

Daytime Phone #