2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092152

WEBSTER, DAVID

WINTER PARK, FL 32790 US

PO BOX 2310

Name:

Address:

City-St-Zip:

Entity Name: GOLD KEY PROPERTY MANAGEMENT LLC

FILED Mar 11, 2009 Secretary of State

Current Principal Place of Business:			Now Princ	New Principal Place of Business:		
Current	illicipal Flace	Of Busiliess.	New Fillic	ipai Flace of Busii	1622.	
	RISE WALK E, FL 34747	US				
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
3251 SUNRISE KISSIMME	WALK E, FL 34747	US				
FEI Number:	: 43-2069545	FEI Number Applied For () FEI Number Not Appl	icable () Certif	ficate of Status Desired ()	
Name and	Address of C	urrent Registered Agen	t: Name and	Name and Address of New Registered Agent:		
450 N WY	VICES, INC. MORE RD PARK, FL 3278	39 US				
	named entity se of Florida.	submits this statement for	the purpose of changing i	ts registered office o	or registered agent, or both	
SIGNATUR	RE:					
Electronic Signature of Registered Age			d Agent	nt Date		
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	BROWN, VALE 5033 CAPE HA CLERMONT, FI	TTERAS DRIVE - 34714	Title: Name: Address: City-St-Zip:	```	e () Addition	
Title: Name: Address: City-St-Zip:	V () BROWN, VALE 5033 CAPE HA CLERMONT, FI	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	P (X) Chang BROWN, VALERIE 5033 CAPE HATTERA: CLERMONT, FL 3471		
Title: Name: Address: City-St-Zip:	S () BROWN, VALE 5033 CAPE HA CLERMONT, FI	TTERAS DRIVE	Title: Name: Address: City-St-Zip:	BROWN, VALERIE 5033 CAPE HATTERA		
Title:	S ()	Delete	Title:	() Chang	e () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VALERIE BROWN PRES 03/11/2009