

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013624

**FILED**  
**Feb 20, 2007**  
**Secretary of State**

**Entity Name:** BEST KEY PROPERTIES LLC

**Current Principal Place of Business:**

260 CRANDON BLVD.  
48  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

260 CRANDON BLVD.  
48  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

200 CRANDON BLVD.  
311  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

200 CRANDON BLVD.  
311  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 20-2673313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LISETTE SALAZAR PA  
260 CRANDON BLVD.  
48  
KEY BISCAYNE, FL 33149 US

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

LISETTE SALAZAR PA  
200 CRANDON BLVD.  
311  
KEY BISCAYNE, FL 33149 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:** LISETTE SALAZAR

02/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SALAZAR, LISETTE  
**Address:** 260 CRANDON BLVD., SUITE 48  
**City-St-Zip:** KEY BISCAYNE, FL 33149 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SALAZAR, LISETTE  
**Address:** 200 CRANDON BLVD., SUITE 311  
**City-St-Zip:** KEY BISCAYNE, FL 33149 US

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:** SLAZAR LISETTE

MGR

02/20/2007

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