
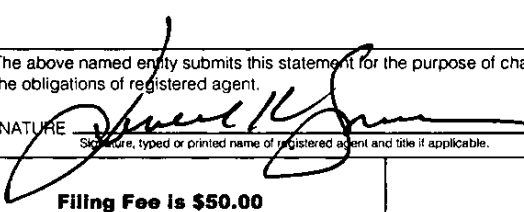
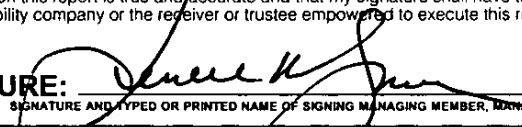


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 013 ****50.00

DOCUMENT # L05000015688			
1. Entity Name KEYLANE'S COVE, LLC			
Principal Place of Business 415B N. TARRAGONA ST PENSACOLA, FL 32501 US		Mailing Address 415B N. TARRAGONA ST PENSACOLA, FL 32501 US	
2. Principal Place of Business - Not P.O. Box # 400 Bayfront Parkway		3. Mailing Address PO Box 13447	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32502		Zip 32591-3447	
Country US		Country US	
4. FEI Number 20-2345690		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 SMITH, KENNY 415B N TARRAGONA ST PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name: Jerrell Kenneth Smith, Jr Street Address (P.O. Box Number is Not Acceptable): 400 Bayfront Parkway City: Pensacola FL Zip Code: 32502	
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: 4-20-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME SMITH, JERRELL K JR. STREET ADDRESS 913 GULF BREEZE PARKWAY STE 5A CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE MGR NAME JACKSON, JOHN STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME JACKSON, JOHN STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	TITLE MGR NAME JACKSON, JOHN STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4-20-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 437-0108	