
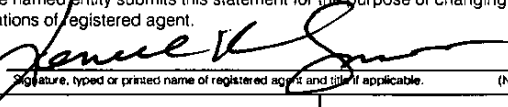
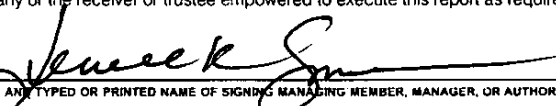


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 015 ***538.75

DOCUMENT # L05000015688					
1. Entity Name KEYLANE'S COVE, LLC					
Principal Place of Business 420 BAYFRONT PKWY PENSACOLA, FL 32502 US			Mailing Address PO BOX 13447 PENSACOLA, FL 32591 US		
300030866					
2. Principal Place of Business - No P.O. Box # 1413 Keylan Core		3. Mailing Address PO Box 862			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Gonzalez FL		4. FEI Number 20-2345690	
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JERRELL JR 415B N TARRAGONA ST PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1413 Keylan Core City Pensacola FL Zip Code 32503		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SMITH, JERRELL K JR. STREET ADDRESS PO BOX 13447 CITY - ST - ZIP PENSACOLA, FL 32591	<input type="checkbox"/> Delete		TITLE MGR NAME JACKSON, JOHN STREET ADDRESS PO BOX 13447 CITY - ST - ZIP PENSACOLA, FL 32591	<input type="checkbox"/> Delete	
TITLE MGR NAME JACKSON, JOHN STREET ADDRESS PO BOX 13447 CITY - ST - ZIP PENSACOLA, FL 32591	<input type="checkbox"/> Delete		TITLE MGR NAME JACKSON, JOHN STREET ADDRESS PO BOX 13447 CITY - ST - ZIP PENSACOLA, FL 32591	<input type="checkbox"/> Delete	
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					