

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026085

Entity Name: KEYS IMAGE, LLC

FILED  
Apr 29, 2007  
Secretary of State

**Current Principal Place of Business:**

713 CAROLINE ST  
SUITE 2  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4496  
KEY WEST, FL 33041 US

**New Mailing Address:**

FEI Number: 04-3809541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLEY, ALBERT L  
926 TRUMAN AVE.  
KEY WEST, FL 33040 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KILGORE, MICHAEL  
Address: 804 WHITE ST.  
City-St-Zip: KEY WEST, FL 33040 US

Title: MGRM ( ) Delete  
Name: SIEMINSKI, DAVID  
Address: 616 FRANCES ST  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KILGORE, MICHAEL  
Address: 1001B UNITED STREET  
City-St-Zip: KEY WEST, FL 33040 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MICHAEL KILGORE

MGRM

04/29/2007

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