



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90022 026 ****50.00

DOCUMENT # L05000028085					
1. Entity Name KEY LIMEYS, L.L.C.					
Principal Place of Business 103900 OVERSEAS HIGHWAY KEY LARGO, FL 33037			Mailing Address 2151 SW 176TH AVENUE MIRAMAR, FL 33029		
2. Principal Place of Business 1903 60th Place Suite, Apt. #, etc. Suite M3285 City & State Bradenton, FL Zip 34203 Country USA		3. Mailing Address 1903 60th Place Suite, Apt. #, etc. Suite M3285 City & State Bradenton, FL Zip 34203 Country USA			
04192006 Chg-LLC CR2E083 (11/05)				4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLER, KAREN 2151 SW 176TH AVENUE MIRAMAR, FL 33029			7. Name and Address of New Registered Agent Name <u>Karen Weller</u> Street Address (P.O. Box Number is Not Acceptable) <u>1601 Washington Ave, Suite 800</u> City <u>Miami Beach</u> FL Zip Code <u>33139</u>		
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 <u>Karen Weller</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, EDWARD 2151 SW 176TH AVENUE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, KAREN 2151 SW 176TH AVENUE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, KAREN 2151 SW 176TH AVENUE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER, KAREN 2151 SW 176TH AVENUE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>4/20/06</u> Daytime Phone # <u>305-695-5485</u>	