

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90032 047 ****50.00

DOCUMENT # L05000036520

1. Entity Name

ISOLATION KEY, LLC



Principal Place of Business

4632 NW 8TH TERRACE
OAKLAND PARK FL 33309

Mailing Address

4632 NW 8TH TERRACE
OAKLAND PARK FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4632 N.W. 8TH TERR.

Suite, Apt. #, etc.

4632 N.W. 8TH TERR.

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip

33309

Country

USA

Zip

33309

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGEL, ROBERT C JR
4632 NW 8TH TERRACE
OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name

ROBERT C. VOGEL JR.

Street Address (P.O. Box Number is Not Acceptable)

City

4632 N.W. 8TH TERR.
OAKLAND PARK FL

Zip Code

33309

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

ROBERT C. VOGEL JR.

PRESIDENT

4/26/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VOGEL, ROBERT C JR	
STREET ADDRESS	4500 N. FEDERAL HWY. #368-H	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VOGEL, KURT	
STREET ADDRESS	4580 NW 17TH AVE.	
CITY-ST-ZIP	TAMARAC FL 33309	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KNIGHT, KRAIG	
STREET ADDRESS	1217 SE 14TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HOLMES, JOHN	
STREET ADDRESS	5919 INTERMYER COURT	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAWRENCE, SCOTT	
STREET ADDRESS	4610 NW 15TH AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HILSON, JAMES R	
STREET ADDRESS	1930 NE 62 COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ROBERT C. VOGEL JR.

4/26/06

561-512-8792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #