2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State
04-11-2007 90156 005 ****50.00

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DOCUMENT # L05000036520

1. Entity Name
ISOLATION KEY, LLC

Principal Place of Business	Mailing Address
4632 NW 8TH TERRACE OAKLAND PARK FL 33309	4632 NW 8TH TERRACE OAKLAND PARK FL 33309

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SAME AS ABOVE	Suite, Apt. #, etc. SAME AS ABOVE
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0579008 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOLEC, ROBERT C JR 4632 NW 8TH TERR FORT LAUDERDALE FL 33309	Name: Robert C Volec Jr Street Address (P.O. Box Number is Not Acceptable): 4632 NW 8 Terr City: Ft. Laud. 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. Volec 4/2/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VOGEL, ROBERT C JR 4500 N. FEDERAL HWY. #368-H LIGHTHOUSE POINT FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VOGEL, KURT 4580 NW 17TH AVE. TAMARAC FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KNIGHT, KRAIG 1217 SE 14TH ST CAPE CORAL FL 33990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HOLMES, JOHN 5919 UNTERMYER COURT NORTH FORT MYERS FL 33903 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LAWRENCE, SCOTT 4610 NW 15TH AVE. FORT LAUDERDALE FL 33309 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HILSON, JAMES R 1930 NE 62 COURT FORT LAUDERDALE FL 33308 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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. Volec 4/2/07 561-512-9792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #