

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-05-2006 90024 013 ****50.00

DOCUMENT # L05000050983

1. Entity Name
KEY TOO, LLC



Principal Place of Business
**6224 14TH STREET W.
BRADENTON, FL 34207**

Mailing Address
**6224 14TH STREET W.
BRADENTON, FL 34207**

30010447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2886139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEARNS WEAVER MILLER WEISSLER ALHADEFF &
SITTERSON, P.A. 150 WEST FLAGLER STREET
MUSEUM TOWER, SUITE 2200
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **Managing Member**
Cecil White
STREET ADDRESS **2673 Monocacy Ford Rd.**
CITY-STATE-ZIP **Frederick, MD 21701**

TITLE ☐ Delete
NAME **Managing Member**
Kevin White
STREET ADDRESS **9327 Hillsborough Dr**
CITY-STATE-ZIP **Frederick, MD 21701**

TITLE ☐ Delete
NAME **Managing Member**
Tim Conway
STREET ADDRESS **901 Meadow Green Dr.**
CITY-STATE-ZIP **Hunt Airy, MD 21771**

TITLE ☐ Delete
NAME **Managing Member**
Ann White
STREET ADDRESS **2673 Monocacy Ford Rd.**
CITY-STATE-ZIP **Frederick, MD 21701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 #

4/20/06 941-755-5505