## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## May 03, 2006 8:00 am Secretary of State DOCUMENT # L05000057004 1. Entity Name 05-03-2006 90039 045 \*\*\*\*50.00 KEY ONE, LLC Principal Place of Business Mailing Address C/O RODGER D. SHAY, SR. 1000 BRICKELL AVE., SUITE 700 MIAMI FL 33131 C/O RODGER D. SHAY, SR. 1000 BRICKELL AVE., SUITE 700 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) SUITE 500 SUITE 500 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAY, RODGER D JR. Street Address (P.O. Box Number is Not Acceptable) SUITE 500 1000 BRICKELL AVE; SUITE 700 MIAMI FL 33131 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, typed or printed name of registored agent and title diapplicable. (NOTE: Registered Agent signature registed when telestating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MOR TITLE TITLE Change Addition Delete RODGER D. SHAY 1000 BRICKELL AVE. SUITE 500 NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33/3/ TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: RODGER D. SHAY MOR 4/23/66
SIGNATURE AND TYPED OR PRINTED NAME OF SEMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

**FILED** 

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