2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000061196

Entity Name: FLORIDA KEYES REALTY, LLC

Current Principal Place of Business:

9600 KOGER BLVD.
SUITE 221
ST. PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

1015 DARTMOOR ST. N
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-3099805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, JOHN E
1015 DARTMOOR ST. N
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	LEWALT CONSULTING GR, OUPE, LLC	
Address:	1015 DARTMOOR ST. N	
City-St-Zip:	ST. PETERSBURG, FL 33701 US	
Title:	MGR	( ) Delete
Name:	CACCAMISE, CYNTHIA A	
Address:	6282 REDWINGED BLACKBIRD DR.	
City-St-Zip:	WARRENTON, VA 20187 US	
Title:	MGR	(X) Delete
Name:	GONZALEZ, ROBERT J	
Address:	6201 28TH ST. S.	
City-St-Zip:	ST PETERSBURG, FL 33712	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CYNTHIA A CACCAMISE MGR 04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date