2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070112

Entity Name: FIRST KEYS, LLC

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9757 NORTH SPRINGS WAY CORAL SPRINGS, FL 33076 **Current Mailing Address: New Mailing Address:** 9757 NORTH SPRINGS WAY CORAL SPRINGS, FL 33076 FEI Number: 20-3175081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCULLOUGH, STEPHEN D CLA MCCULLOUGH, STEPHEN D CLA 2702A WEST OAKLAND BLVD. 1301 E. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33331 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: 02/06/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete KLEIN-JACKSON, LILIAN Name: Name: 3700 GALT OCEAN DRIVE #207 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33308 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KLEIN-MADES, TRACEY Name: Name: Address: 13155 NW 9TH COURT Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition REICH, THOMAS Name: Name: Address: P.O. BOX 651324 Address: City-St-Zip: MIAMI, FL 33265 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KLEIN, SUSAN Name: Name: 63 SOUND VIEW DRIVE Address: Address: City-St-Zip: PORT WASHINGTON, NY 11050 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KLEIN-JACKSON, LILIAN Name: Name: 3700 GALT OCEAN DRIVE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KLEIN. SUSAN Name: Name: Address: 63 SOUND VIEW DRIVE Address: PORT WASHINGTON, NY 11050 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN KLEIN MGRM 02/06/2007