

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-07-2007 90009 018 ****50.00

DOCUMENT # L05000077988

1. Entity Name
301 ISLAND KEY, L.L.C.



Principal Place of Business
20001 GULF BLVD
STE 5
INDIAN SHORES, FL 33758

Mailing Address
20001 GULF BLVD
STE 5
INDIAN SHORES, FL 33758

30012406



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07312007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR 20-3312593

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GASSMAN, ALAN S
1245 COURT STREET STE 102
CLEARWATER, FL 33756

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 reappointing)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MAN
PAGE, EVELYN MAN
20001 GULF BLVD STE5
INDIAN SHORES, FL 33785 ☐ Delete

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

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CITY- ST- ZIP
☐ Change ☐ Addition

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:

Evelyn Man

8/1/07

(SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)

Date

Daytime Phone #