

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT #L05000079314**

1. Entity Name  
**OZELLO KEYS REAL ESTATE, LLC**



Principal Place of Business  
**14231 W. OZELLO TRAIL  
CRYSTAL RIVER, FL 34429**

Mailing Address  
**14231 W. OZELLO TRAIL  
CRYSTAL RIVER, FL 34429**



04042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1256878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VIVI, SHEILA M  
14231 W. OZELLO TRAIL  
CRYSTAL RIVER, FL 34429**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007

U000000719385  
05/01/07-80062-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VIVI, SHEILA M 14231 W. OZELLO TRAIL CRYSTAL RIVER, FL 34429</b>
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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:** *Sheila M. Vivi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4-17-07*

Date

*352-563-6573*

Daytime Phone #