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03-21-2006 90296 010 *****5.00

03-30-2006 90191 030 *****50.00

L05000081768

DOCUMENT # L05000081768					
1. Entity Name KEY INSPECTIONS, LLC					
Principal Place of Business 124 GULF SIDE DRIVE ISLAMORADA FL 33036 US					
2. Principal Place of Business Suite, Apt. #, etc.					
3. Mailing Address Suite, Apt. #, etc.				1st MOORE CR2E083 (10/05)	
City & State				4. FEI Number 20-3330759	
Zip				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Country				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, DONALD D 124 GULF SIDE DRIVE ISLAMORADA FL 33036				7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when constituting)					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, DONALD D 124 GULF SIDE DRIVE ISLAMORADA FL 33036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Donald D. Martin</u> - OWNER; DONALD D. MARTIN 3/6/06 305-517-9525					

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

Date

Daytime Phone #