


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90047 041 \*\*\*\*50.00

<b>DOCUMENT # L05000084331</b>					
1. Entity Name KEY COLONY BEACH, L.L.C.					
Principal Place of Business 11866 GIRDLED ROAD CONCORD, OH 44077			Mailing Address 11866 GIRDLED ROAD CONCORD, OH 44077		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04032006 Chg-LLC CR2E083 (11/05) 4. FEI Number <u>20-3377860</u> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCCONNELL, GARY E 245 13TH STREET KEY COLONY BEACH, FL 44077			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, GARY E		NAME		
STREET ADDRESS	11866 GIRDLED ROAD		STREET ADDRESS		
CITY-ST-ZIP	CONCORD, OH 44077		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Gary E. McConnell</u>			Date: <u>4-10-06</u> 440-352-1357		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # <u>X142</u>		
GARY E. MCCONNELL					

30007549



ATTACHMENT  
30067649  
#LO5000084331  
**Brenner Kaprosy Mitchell, L.L.P.**

a Limited Liability Partnership  
Attorneys and Counselors at Law

R. Chad Brenner  
David V. Kaprosy  
T. David Mitchell\*  
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Chagrin Falls, Ohio 44022-3032

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\* Also admitted to practice in Florida

April 12, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

**Re: Key Colony Beach, L.L.C.**

Dear Sir/Madam:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-captioned company, along with a check in the amount of \$50.00 representing the filing fee. Please file this document as soon as possible and forward the recorded paperwork to the undersigned.

Thank you for your time.

Very truly yours,



Karen Domke  
Legal Assistant

Enclosures

**Florida Office:**

5561 University Drive, #103 • Coral Springs, Florida 33067 • (954) 509-9900 • (954) 462-0140 (Fax)