2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000099953

1. Entity Name
KEY STRATEGY ESTATE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
2702 FAIRWAY VIEW DR VALRICO, FL 33594	2702 FAIRWAY VIEW DR VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

02182007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
86-1160435	Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SANKEY, LOYAL F
2702 FAIRWAY VIEW DR
VALRICO, FL 33594

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

9.	MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SANKEY, LOYAL F
STREET ADDRESS	2702 FAIRWAY VIEW DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	MGRM
NAME	SANKEY, JOYCE E
STREET ADDRESS	2702 FAIRWAY VIEW DR
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000645022
03/02/07-80067-007 55.00

DO NOT WRITE
IN THIS SPACE

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: _____   Feb 18, 2007   813 601-9396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #