2008 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Apr 03, 2008 08:00 All Secretary of State **DOCUMENT # L06000033030** 1. Entity Name LOWER KEYS, LLC Principal Place of Business Mailing Address 9817 HILL STREET 9817 HILL STREET KENSINGTON, MD 20895 KENSINGTON, MD 20895 · CR2E083 (12/07) . 03302008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-1443419 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YATES, DONALD E DO NOT WRITE **611 EATON STREET** KEY WEST, FL 33040 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 04/ĪŠŽÕŠ–ŠÖÕÕŠ–018 138.75 FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE MGRM LAMERT, MICHAEL P NAME STREET ADDRESS 9817 HILL STREET KENSINGTON, MD 20895 CFTY-ST-7IP TITLE NAME LAMBERT, CATHERINE A STREET ADDRESS 9817 HILL STREET CITY-ST-7IP KENSINGTON, MD 20895 TRLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: