
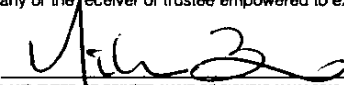


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90202 004 ****50.00

DOCUMENT # L06000033886 1. Entity Name LOWER KEYS, LLC					
Principal Place of Business 9817 HILL STREET KENSINGTON, MD 20895			Mailing Address 9817 HILL STREET KENSINGTON, MD 20895		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 031 44 3419	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent YATES, DONALD E ESQ. 611 EATON STREET KEY WEST, FL 33040			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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 3, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMERT, MICHAEL P 9817 HILL STREET KENSINGTON, MD 20895	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, CATHERINE A 9817 HILL STREET KENSINGTON, MD 20895	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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:  MICHAEL LAMBERT 3/23/07 (301) 563-6256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT

60029697

Lower Keys, LLC
9817 Hill Street
Kensington, MD 20895
(301) 563-6256

March 23, 2007

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: LLC Annual Report/ Document Numbers L06000033030 & L06000033886

To whom it may concern:

Could you please provide information concerning the above referenced document numbers and why the LLC is being requested to file two annual reports? It seems redundant since the information is identical for both filings. I can be reached at (301) 563-6256 or at the above address.

Thank you in advance for your assistance in this matter.

Regards,


Mike Lambert

Cc: file