

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086013

FILED
May 01, 2007
Secretary of State

Entity Name: KEYS APPRAISAL ASSOCIATES, LLC

Current Principal Place of Business:

93911 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

New Principal Place of Business:

93911 OVERSEAS HIGHWAY
SUITE 8
TAVERNIER, FL 33070

Current Mailing Address:

93911 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

New Mailing Address:

93911 OVERSEAS HIGHWAY
SUITE 8
TAVERNIER, FL 33070

FEI Number: 20-5486761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CALE, JEFFREY
236 TAVERNIER DRIVE
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JEFFREY CALE ENTERPR, ISES, INC.
Address: 236 TAVERNIER DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete
Name: LLM ISLAND VENTURES,, INC.
Address: 127 INDIAN MOUND TRAIL
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY M. CALE

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date