

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 23, 2008  
Secretary of State**

DOCUMENT# L07000002544

Entity Name: ARCC OF THE KEYS, LLC

**Current Principal Place of Business:**

91212 OVERSEAS HWY  
TAVERNIER, FL 33070 US

**New Principal Place of Business:**

**Current Mailing Address:**

91212 OVERSEAS HWY  
TAVERNIER, FL 33070 US

**New Mailing Address:**

FEI Number: 20-8186276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLEVINS, ROBERT  
5 JEWFISH AVE  
KEY LARGO, FL 33037 US

**Name and Address of New Registered Agent:**

SILVER, PATRICIA M MS.  
81001 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036 US

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: PATRICIA M. SILVER      05/23/2008  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLEVINS, ROBERT  
Address: 5 JEWFISH AVE  
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM ( ) Delete  
Name: YU, RAYMOND  
Address: 17 LAKE SHORE DRIVE  
City-St-Zip: KEY LARGO, FL 33037 US

Title: MGRM ( ) Delete  
Name: WRIGHT, ALMA MS.  
Address: 17 LAKE SHORE DRIVE  
City-St-Zip: KEY LARGO, FL 33037 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WRIGHT, ROBERT M  
Address: 1840 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33145 US

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: ALMA WRIGHT      MGRM      05/23/2008  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date