

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014508

Entity Name: ALL KEYS GUTTER, LLC

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

120 PORTO SALVO DRIVE
ISLAMORADA, FL 33036 US

New Principal Place of Business:

194 JASMIN ST
TAVERNIER, FL 33070 US

Current Mailing Address:

120 PORTO SALVO DRIVE
ISLAMORADA, FL 33036 US

New Mailing Address:

194 JASMIN ST
TAVERNIER, FL 33070 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JORGENSEN, PAUL JAMES JR.
194 JASMINE STREET
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: MGRM () Delete
Name: JORGENSEN, PAUL JAMES JR
Address: 194 JASMINE STREET
City-St-Zip: TAVERNIER, FL 33070 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MEMB () Change (X) Addition
Name: MONEY, LAWRENCE V MEMBER
Address: 543 SOUND DR
City-St-Zip: KEY LARGO, FL 33037

Title: MEMB () Change (X) Addition
Name: JOHNSON, ERIC W MEMBER
Address: 1522 SW 157 TER
City-St-Zip: MIAMI, FL 33187

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: PAUL JAMES JORGENSEN JR

MNGR

02/12/2008

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