

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 22, 2008 8:00 am
Secretary of State**

01-22-2008 90125 028 ***138.75

DOCUMENT # L07000061607		
1. Entity Name CLEAN'N THE KEYS LLC		

Principal Place of Business 113 STIRRUP KEY WOODS RD. 3A1 MARATHON, FL 33050 US	Mailing Address P.O.BOX 501535 MARATHON, FL 33050 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent
PERRY, SUSAN G 113 STIRRUP KEY WD RD 3A1 MARATHON, FL 33050

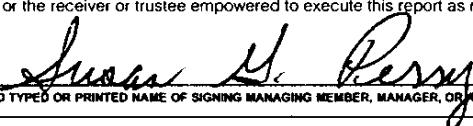
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, SUSAN G P.O. BOX 501535 MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____

1-16-08 305 942 6647