2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 07, 2008 8:00 am Secretary of State

					04-08-2008 90042 002 ***138.75				
DOCUMENT # L07000093629 1. Entity Name MEMORIAL GARDENS CEMETERY OF THE FLORIDA KEYS, LLC									
Principal Place 31140 OVER BIG PINE KEY	ISEAS HIGHWAY		Malfing Address 31140 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043				3001	JS8	83
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202008	Chg-LLC	CR2E083 ((12/06)		
City & State		City & State			4. FEI Numi	Der 42 = 16	38141	-	oplied For ot Applicable
Zip Country		Zip	Country		5. Certificat	e of Status Desired	□ \$5.	00 Ade Require	ditional d
5. Name and Address of Current Registered Agent			-	7. Name and Address of New Registered Agent					
	ERSEAS HIGHWAY		Street A	ddress (P.O. Box Num	ner is Not Acceptable	e)		
BIG PINE KEY, FL 33043									
! 	:	City			FL Zip Code				
- The shave	named entity submits this statement	for the evenes of shapping its	registered office or	recisto	and assent or b	oth in the State of Ek		llese mith	200 200-01
	tions of registered agent.	to the pulpose of changing its	registered office di	ledister	eu agent, or o	our, in the state of th	Aloa. Talition	· ************************************	and accept
SIGNATURE	Signature, typed or printed name of registered age	N and title II applicable. (NOTI	E: Registered Agent signatu	ine required	t when reinstating)		DATE		<u> </u>
FILE NOWIL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Make check payable to Florida Department of State				
9.	MANAGING MEME	IERS/MANAGERS	10.			ADDITIONS	/CHANGES		
———	MGR			-		Applifores		Chann	C) Addition
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STREET ADDRESS	DEAN, DONNA S		NAME STREET ADDRESS						
CITY-ST-ZIP	14 CYPRESS TERRACE KEY WEST, FL 33040		CITY-ST-ZIP						
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TITLE	MGRM	☐ Delete	TITLE				IJ	Change	■ Addition
NAME STREET ADDRESS	DEAN, JEFFREY W		NAME STREET ADDRESS						
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP						
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TITLE	 	Delete	TITLE					Change	Addition
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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 flability company or the receiver or tryages empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED HAME OF BIGHING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/08

305-294-106