

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90018 032 \*\*\*138.75

|  |  |                                 |   |  |   |
|--|--|---------------------------------|---|--|---|
| <b>DOCUMENT # L07000105137</b><br>1. Entity Name<br><b>KEYS BUILDING, LLC</b>  |  |                                 |   |  |   |
| Principal Place of Business<br><b>1911 NE 172 STREET<br/>NORTH MIAMI BEACH, FL 33162</b>   |  |                                 | Mailing Address<br><b>1911 NE 172 STREET<br/>NORTH MIAMI BEACH, FL 33162</b>  |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |
| City & State   |  |                                 | City & State  |  |   |
| Zip  |  | Country                         |   | Zip  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>KEYS, NEAL S<br/>1911 NE 172 STREET<br/>NORTH MIAMI BEACH, FL 33162</b>  |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>  |  |                                 |   |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 |   | <b>Make check payable to<br/>Florida Department of State</b> |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 |   | <b>10. ADDITIONS/CHANGES</b>                                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGMR<br>KEYS, NEAL S<br>1911 NE 172 STREET<br>NORTH MIAMI BEACH, FL 33162  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGMR<br>KEYS, CAROL F<br>1911 NE 172 STREET<br>NORTH MIAMI BEACH, FL 33162 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Neal Keys</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 |   | Date: <u>3/28/08</u><br><small>Daytime Phone #</small>       |   |

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02262008 Chg-LLC CR2E083 (12/06)

4. FEI Number **87-0813852** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required