FILED
Jul 28, 2008 8:00 am
Secretary of State
07-28-2008 90075 017 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000113143

1. Entity Name
KEY BABY, LLC

60045804

Principal Place of Business	Mailing Address
15402 N. NEBRASKA AVE. LUTZ, FL 33549	15402 N. NEBRASKA AVE. LUTZ, FL 33549

07082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Two Harbour Place, 302 Knights Run Ave	Two Harbour Place 302 Knights Run Ave
Suite, Apt. #, etc. 930	Suite, Apt. #, etc. 930
City & State Tampa, FL	City & State Tampa, FL
Zip 33602 Country USA	Zip 33602 Country USA

4. FEI Number 35-2332405 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLEAKLEY, ROBERT W
101 EAST KENNEDY BLVD., SUITE 1100
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Bleakley, Robert W
Street Address (P.O. Box Number is Not Acceptable) 15170 North Florida Avenue
City Tampa FL Zip Code 33613

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] DATE 7-18-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, STEVEN 15402 N. NEBRASKA AVE. LUTZ, FL 33549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Schmidt, Steven Two Harbour Place, 302 Knights Run Ave Ste 930 Tampa, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] Steven Schmidt 7/18/08 813-975-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #