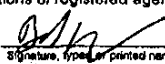
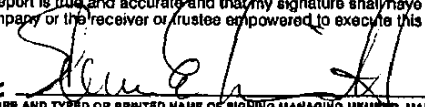


FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90075 017 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

60045804

DOCUMENT # L07000113143			
1. Entity Name KEY BABY, LLC			
Principal Place of Business 15402 N. NEBRASKA AVE. LUTZ, FL 33549		Mailing Address 15402 N. NEBRASKA AVE. LUTZ, FL 33549	
2. Principal Place of Business - No P.O. Box # Two Harbour Place, 302 Knights Run Ave		3. Mailing Address 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
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  DATE 7-18-08 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)			
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
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 606, Florida Statutes. SIGNATURE:  Steven Schmidt Date 7/18/08 Daytime Phone # 813-975-1709 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			