

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076011

Entity Name: TRAVELKEY HOLDING LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1001 EAST ATLANTIC AVENUE
202
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

1001 EAST ATLANTIC AVENUE
202
DELRAY BEACH, FL 33483 US

Current Mailing Address:

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
201
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR Delete
Name: WALSH, MARK T
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR Delete
Name: WALSH, MICHAEL P
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR Delete
Name: WALSH, WILLIAM J
Address: 1001 EAST ATLANTIC AVENUE, SUITE 202
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGR Delete
Name: ADE, RICHARD C
Address: 1000 MARKET STREET, SUITE 300
City-St-Zip: PORTSMOUTH, NH 03801 US

ADDITIONS/CHANGES:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD C. ADE

MGR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date