

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093839

FILED
Jan 30, 2009
Secretary of State

Entity Name: KEYS PARTIES LLC

Current Principal Place of Business:

88101 OVERSEAS HWY
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P O BOX 371495
KEY LARGO, FL 33036

New Mailing Address:

P.O. BOX 76
TAVERNIER, FL 33070 US

FEI Number: 26-3439918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRETT, ROSARIO
88101 OVERSEAS HWY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

WEEKS, MARLEN S MANAGER
88101 OVERSEAS HWY
ISLAMORADA, FL 33036 US

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: MARLEN S. WEEKS

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRETT, ROSARIO
Address: 88101 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM () Delete
Name: DIMARCO, DEBY
Address: 88101 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEEKS, MARLEN S MEMBER
Address: 88101 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM (X) Change () Addition
Name: WEEKS, MARK A MEMBER
Address: 88101 OVERSEAS HWY
City-St-Zip: ISLAMORADA, FL 33036

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: MARLEN S. WEEKS

MGRM

01/30/2009

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