

FROM :

MAR.28.2006 11:59AM

FAX NO. : 305 451-9337

Apr. 27 2006 12:09PM P2
NO.713 P.2/2

07-28-2005 90089 022 *55.00
FILED L98000000594

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L98000000594

1. Entity Name
KEYSCAPE REALTY COMPANY, L.L.C.



06 APR 27 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**161 BAHAMA AVENUE
KEY LARGO, FL 33037**

Mailing Address
**161 BAHAMA AVENUE
KEY LARGO, FL 33037**

DO NOT WRITE IN THIS SPACE

07142005 No Org-LLC

CP25003 (10/05)

4. FET Number
65-0847427

Exemption Fee
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZENELL, HERMAN
161 BAHAMA AVENUE
KEY LARGO, FL 33037**

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IN THIS SPACE**

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, typed or printed name of registered agent and his or her address

NOTE: Registered agent signature required when filing

DATE

Filing Fee is \$50.00
Due by September 7, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
KATZENELL, HERMAN
161 BAHAMA AVENUE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
KATZENELL, MARION
161 BAHAMA AVENUE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of the company filing this report or the registered agent of the company filing this report and I am not the Chapter 20A, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/06

305-394-9188

Office Phone

ATTN: Michelle