1of2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001240

1. Entity Name
KEYS RESIDENTIAL PROPERTIES, L.L.C.

FILED
01 OCT 12 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7805 S.W. 6th Ct. Plantation, Fl. 33324	7805 S.W. 6th Ct. Plantation, Fl. 33324

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0899811 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Steven A. Weinberg 7805 S.W. 6th Court Plantation, Florida 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE [signature] STEVEN A. WEINBERG Oct 11, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-10/18/01--01022--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	☐ Delete
NAME	WJL FINANCIAL GROUP, Inc.	
STREET ADDRESS	7805 S.W. 6th Court	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE	MGRM	☐ Delete
NAME	HOLISTIC HEALTH CONSULTANTS, INC.	
STREET ADDRESS	7805 S.W. 6th Court	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] William J. Leon 10/11/01 (954) 424-3008

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