

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90026 027 ****55.00

DOCUMENT # L99000001240

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



Principal Place of Business
**7801 SW 6TH COURT
PLANTATION, FL 33324**

Mailing Address
**7801 SW 6TH COURT
PLANTATION, FL 33324**

20010101



01102005No Chg-LLC

CR2E083 (10/03)

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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

**WEINBERG, STEVEN A ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324**

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
S.D.L. HOLDINGS, INC. %FRANK, WEINBERG &
BLACK, P.L., 7805 S.W. 6TH COURT
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOLISTIC HEALTH CONSULTANTS INC
2123 E. ATLANTAIC BLVD.
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

William J. Leon
WILLIAM J. LEON

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

Date

Daytime Phone #

954-424-3008