

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90172 011 \*\*\*\*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



01192006No Chg-LLC

CR2E083 (11/05)

**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**

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

**DO NOT WRITE  
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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/2/2006**

Date

Daytime Phone # \_\_\_\_\_