## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT FILED** Jan 16, 2007 08:00 AM Secretary of State DOCUMENT # L99000004984 KEYŚ PROPERTY MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 199 KAHIKI DRIVE P 0 B0X 9720 TAVERNIER, FL 33075 TAVERNIER, FL 33070 01112007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0942528 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATTREALL, CATHY DO NOT WRITE 199 KAHIKI DRIVE TAVERNIER, FL 33075 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) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE BATTREALL, CATHY NAME STREET ADDRESS 199 KAHIKI DRIVE CITY-ST-ZIP TAVERNIER, FL. 33075 NAME *1000000586812* STREET ADDRESS 01/17/07-80008-025 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP