

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:01

DOCUMENT # L99000005828

1. Entity Name  
GOLD KEY HOLDINGS, LLC



Principal Place of Business  
23 BRADLEY COURT  
CRAWFORDVILLE, FL 32327

Mailing Address  
23 BRADLEY COURT  
CRAWFORDVILLE, FL 32327



04302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2161622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DYKES, JEFFERY A  
23 BRADLEY CT  
CRAWFORDVILLE, FL 32327

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DYKES, JEFFERY A 23 BRADLEY COURT CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DYKES, KELLY J 23 BRADLEY COURT CRAWFORDVILLE, FL 32327
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	

300127651539  
05/01/08--01004--012 \*\*427.50

**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

4/30/08

Date

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