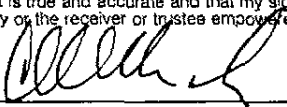


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # M03000000678 1. Entity Name KEY HOME INVESTORS LLC		
Principal Place of Business C/O MACK, 2115 LINWOOD AVE STE 110 FORT LEE, NJ 07024	Mailing Address C/O MACK, 2115 LINWOOD AVE STE 110 FORT LEE, NJ 07024	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 filer if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KH1-FL INVESTORS LLC C/O MACK, 2115 LINWOOD AVE STE 110 FORT LEE, NJ 07024	
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		
TITLE 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE William Mack Managing Member		1/6/06 (201) 346-5700 Date Daytime Phone #



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4239295	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

10000004990141
01/25/06-80004-016 50.00

**DO NOT WRITE
IN THIS SPACE**