2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# M04000001932

Entity Name: INSITE KEY WEST (OLIVIA), L.L.C.

Current Principal Place of Business:

1603 WEST SIXTEENTH STREET
OAK BROOK, IL 60523

New Principal Place of Business:

Current Mailing Address:

1603 WEST SIXTEENTH STREET
OAK BROOK, IL 60523

New Mailing Address:

FEI Number: 34-1994933 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KOSTELNY, GERALD J
Address: 1603 WEST SIXTEENTH STREET
City-St-Zip: OAK BROOK, IL 60523

Title: MGR ( ) Delete
Name: CUNNINGHAM, DAVID E
Address: 1603 WEST SIXTEENTH STREET
City-St-Zip: OAK BROOK, IL 60523

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: ADDISON, LARISSA A
Address: 1603 WEST SIXTEENTH STREET
City-St-Zip: OAK BROOK, IL 60523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD J. KOSTELNY MGR 01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date