

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000006401

1. Entity Name
KEY LIME PROPERTY, LLC



Principal Place of Business
**225 FRANKLIN WRIGHT BLVD.
LAKE ORION, MI 48362**

Mailing Address
**225 FRANKLIN WRIGHT BLVD.
LAKE ORION, MI 48362**



02212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3723607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, PAULA E
223 SW 40TH STREET
CAPE CORAL, FL 33914-7878**

**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 resigning.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000502483

04/25/06-00106-015 \$0.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PATTERSON, PAULA E 225 FRANKLIN WRIGHT BLVD. LAKE ORION, MI 48362 |
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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

4-7-06

248-860-3619

Date

Daytime Phone #