2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N9700005 L KEY CONDOMINIUM ASS			01-31-200	08 90025 (011 **** <i>6</i>	51.25		
Principal Place of Business 2590 N. BEACH RD. BOX 6 ENGLEWOOD, FL 34223 US		Mailing Address 2015 EWING AVE SOUTH MINNEAPOLIS, MN 55416 US						TEN a n an Feran	
2. Principal Place of Business - No P.O. 8ox #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262008	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State		4. FEI Number 65-07947	04		-	oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New	Registered	Agent		
WELLBAUM, JR, R.W. ESQ 686 NORTH INDIAN AVE SUITE A				Street Address (P.O. Box Number is Not Acceptable)					
	OOD, FL 34223								
			City	·		FL	Zip Cod		
The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or re-	egistered agent, or both, i	n the State of	Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature r	required when reinstating)		DATE			
SIGNATURE	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008		mpaign Financing	_ \$5.00 May Be	FI	DATE Make checl orida Depar			
SIGNATURE	Filing Fee is \$61.25	9. Election Car Trust Fund (mpaign Financing	\$5.00 May Be		Make checl orida Depar	tment of St	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Car Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees		Make checl orida Depar	tment of St	tate	
10. ITTLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF TD KOLLER, GUIDO	9. Election Car Trust Fund (mpaign Financing Contribution. 11. THE NAME	\$5.00 May Be Added to Fees		Make checl orida Depar	TIMENT OF ST	tate	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 1-

1-26-08 374-2802

Daytime Phone #