2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2006 08:00 A **DOCUMENT # P95000008552 Secretary of State** 1. Entity Name KEY WEST GOLF CLUB REAL ESTATE CO., INC. Principal Place of Business Mailing Address P.O. BOX 344 P.O. BOX 344 KEY WEST, FL 33041 KEY WEST, FL 33041 CR2E034 (11/05) 01192006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0546532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BEHMKE, JOHN J 51 FRONT ST KEY WEST, FL 33040 IN THIS SPACE 5. 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: Rog stered Agent signature required when reinstaling) DATE 100000453167 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 03/14/06-80009-006 150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D BEHMKE, JOHN NAME STREET ADDRESS 51 FRONT ST KEY WEST, FL 33040 CITY -ST - ZIP ME NAME SAFE PROPERTY OF THE STATE OF T STREET ADDRESS CITY-ST-ZIP 11115 NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS City-St-ZIP TITLE

12. Thereby 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 607, 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:

NAME STREET AODRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2006

Daytime Phone

FILED