


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000002123</b> 1. Entity Name KEY LARGO PROPERTY HOLDINGS CORP.	
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Principal Place of Business 103355 OVERSEAS HWY KEY LARGO, FL 33037 US	Mailing Address C/O ROBERT G. MAHLER 1 WEST 64TH STREET #9B NEW YORK, NY 10023
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03032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3983049	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

GREGG, MARK  
99101 OVERSEAS HWY  
KEY LARGO, FL

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000680845  
04/04/07-80017-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHLER, ROBERT G 1 WEST 64TH STREET #9B NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHLER, ROBERTA K 1 WEST 64TH STREET #9B NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWIE, ALISON 227 PINECREAST RD. OAKHURST, NJ 07755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCKLES, JOYCE F 4445 CLOVER ST. HONEOYE FALLS, NY 14472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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:** Robert G. Mahler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

Daytime Phone # \_\_\_\_\_