2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000002123

1. Entity Name
KEY LARGO PROPERTY HOLDINGS CORP.

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

02232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3983049
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, MARK
99101 OVERSEAS HWY
KEY LARGO, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD000035E610
03/28/08-80019-003 150.00

10. OFFICERS AND DIRECTORS

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

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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 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: x Robert G Mahler x 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #