

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696640

Entity Name: KEY LARGO GROUP, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

C/O THOMAS E MISCHELL  
ONE EAST FOURTH ST, 8TH FLOOR  
CINCINNATI, OH 45202 US

## New Principal Place of Business:

## Current Mailing Address:

ONE EAST FOURTH STREET  
SUITE 800  
CINCINNATI, OH 45202 US

## New Mailing Address:

FEI Number: 59-1263251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUBAN, KENNETH A., ESQUIRE  
31 OCEAN REEF DRIVE  
SUITE C-300  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

LUBAN, KENNETH A., ESQUIRE  
35 OCEAN REEF DRIVE  
SUITE 200  
KEY LARGO, FL 33037 US

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.

SIGNATURE:

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V/AS ( ) Delete  
Name: GRAFE, KARL J V/AS  
Address: ONE EAST FOURTH ST  
City-St-Zip: CINCINNATI, OH 45202 US

Title: V/S ( ) Delete  
Name: KENNEDY, JAMES C V/S  
Address: ONE EAST FOURTH ST  
City-St-Zip: CINCINNATI, OH 45202 US

Title: D/P ( ) Delete  
Name: EVANS, JAMES E D/P  
Address: ONE EAST FOURTH ST  
City-St-Zip: CINCINNATI, OH 45202 US

Title: V ( ) Delete  
Name: MISCHELL, THOMAS E V  
Address: ONE EAST FOURTH ST, 8TH FL  
City-St-Zip: CINCINNATI, OH 45202 US

Title: D ( ) Delete  
Name: HORRELL, KAREN H D  
Address: 580 WALNUT ST  
City-St-Zip: CINCINNATI, OH 45202 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E MISCHELL

V

04/15/2009

Electronic Signature of Signing Officer or Director

Date