

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696640

FILED
Apr 17, 2008
Secretary of State

Entity Name: KEY LARGO GROUP, INC.

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:

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: _____

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

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date