

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008998

1. Entity Name

KEY VISTA INVESTMENTS, LLC



Principal Place of Business

43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

Mailing Address

P.O. BOX 1608
TARPON SPRINGS, FL 34688-1608



01212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3661661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS, FL 34689

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FRIEDLAND, LEW
STREET ADDRESS	43309 US 19 N.
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	MEM
NAME	ADAM SMITH ENTERPRISE, INC.
STREET ADDRESS	43309 US 19 N.
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	MEM
NAME	ST. LUKES CATARACT AND LASER INSTITUTE, PA
STREET ADDRESS	43309 US 19 N.
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	MEM
NAME	GILLS REVOCABLE TRUST
STREET ADDRESS	43309 US 19 N.
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	VP
NAME	ALDRIGE, DANIEL
STREET ADDRESS	43309 US HWY 19 N
CITY- ST- ZIP	TARPON SPRINGS, FL 34689
TITLE	ST
NAME	FORD, DAVID
STREET ADDRESS	43309 US HWY 19 N
CITY- ST- ZIP	TARPON SPRINGS, FL 34689

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02/09/04-80040-006 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LEW FRIEDLAND

2/4/04

727-942-2191

Date

Daytime Phone #