

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008998

1. Entity Name
KEY VISTA INVESTMENTS, LLC



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90063 036 ****50.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3661661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	FRIEDLAND, LEW	43309 US 19 N.	TARPON SPRINGS FL 34689	<input type="checkbox"/>
MEM	ADAM SMITH ENTERPRISE, INC.	43309 US 19 N.	TARPON SPRINGS FL 34689	<input type="checkbox"/>
MEM	ST-LUKES CATARACT AND LASER INSTITUTE, PA	43309 US 19 N.	TARPON SPRINGS FL 34689	<input type="checkbox"/>
MEM	GILLS REVOCABLE TRUST	43309 US 19 N.	TARPON SPRINGS FL 34689	<input type="checkbox"/>
MGRM	ALDRIGE, DANIEL	43309 US HWY 19 N	TARPON SPRINGS FL 34689	<input type="checkbox"/>
ST	FORD, DAVID	43309 US HWY 19 N	TARPON SPRINGS FL 34689	<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

LEW FRIEDLAND

1/13/03

727-9422591

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

Date

Daytime Phone #

CR2E083 (10/02)