

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000016040**

1. Entity Name  
**THE MCKENZIE GROUP OF KEY WEST, L.L.C.**



Principal Place of Business  
**1400 VIRGINIA STREET  
KEY WEST, FL 33040**

Mailing Address  
**1400 VIRGINIA STREET  
KEY WEST, FL 33040**



01172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1058745**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCKENZIE, JOHN P  
1400 VIRGINIA STREET  
KEY WEST, FL 33040**

**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, 2005**

U000000212991  
02/03/05-80052-010 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	MCKENZIE, JOHN P
STREET ADDRESS	1400 VIRGINIA STREET
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	VTS
NAME	JANOUS, MELINDA A
STREET ADDRESS	1400 VIRGINIA STREET
CITY - ST - ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*John P. McKenzie*  
**John P. McKenzie** 2/1/05 305-2957099