

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 027 ****50.00

DOCUMENT # L01000010499

1. Entity Name
KEY NISSAN, LLC

Principal Place of Business
**2512 WEST BOUNDARY ST.
 BEAUFORT SC 29906**

Mailing Address
**2512 WEST BOUNDARY ST.
 BEAUFORT SC 29906**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3772 W Colonial Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State
ORLANDO FL

4. FEI Number
67-1126376

Applied For
 Not Applicable

Zip Country

Zip Country
32808 ORANGE

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMPHRIES, J. GREGORY
 300 S. ORANGE AVE., STE. 1000
 ORLANDO FL 32801**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEFLEY DONALD C 9216 SLOANE ST ORLANDO FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEFLEY, JANET 9216 SLOANE ST ORLANDO FL 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUART ZABUD 384 LONG COVE DR. HILTON HEAD ISLAND S.C 29928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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

3-18-02 **407**
291-1448
 Date Daytime Phone #

CR2E083 (9/01)