


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90017 050 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # L01000010499</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>KEY NISSAN, LLC  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>20 AUTOWAY BLVD<br>HARDEEVILLE, SC 29927  |  |   | <b>Mailing Address</b><br>3772 W COLONIAL DRIVE<br>ORLANDO, FL 32808   |   |  |
| <b>2. Principal Place of Business</b><br>84 AUTOMALL BLVD   |  | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |   |  |
| <b>City &amp; State</b><br>Hardeeville, S.C.  |  | <b>City &amp; State</b>   |  |   |  |
| <b>Zip</b><br>29927   |  | <b>Country</b>  |  | <b>4. FEI Number</b><br>57-1126376  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  | <b>\$5.00 Additional Fee Required</b>   |  |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>HUMPHRIES, J. GREGORY<br>300 S. ORANGE AVE., STE. 1000<br>ORLANDO, FL 32801   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Corporation Company of Orlando<br>Street Address (P.O. Box Number is Not Acceptable)<br>300 S. Orange Ave, Suite 1000 (J64)<br>City Orlando FL Zip Code 32801-5403 |   |  |
| <b>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.</b><br>SIGNATURE <u>J. Gregory Humphries</u> J. Gregory Humphries, V.Pres. 4-21-06<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                            |  |   |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |  | <b>Make check payable to Florida Department of State</b>  |  |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>   |  |   | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br>MEALEY, DONALD C<br>9216 SLOANE STREET<br>ORLANDO, FL 32827         | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br>MEALEY, JANET<br>9216 SLOANE STREET<br>ORLANDO, FL 32827            | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>DOWNING, THOMAS<br>26 GOLDEN HIND DR<br>HILTON HEAD ISLAND, SC 29926 | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>PEACOCK, W. W.<br>500 N MAITLAND AVE STE 313<br>MAITLAND, FL 32751   | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br>LUMPKIN, JOHN<br>266 LEMON LILY CT<br>ALTAMONTE SPRINGS, FL 32714    | <input type="checkbox"/> Delete   |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1635 BRIDLEWATER DRIVE<br>LAKE MARY, FL 32746 |  |   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b> <u>Donald C. Mealey</u>   |  | Donald C. Mealey  |  | 4/17/06 407-291-1448  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <small>Date</small>   |  | <small>Daytime Phone #</small>  |  |