


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L01000010499

1. Entity Name
KEY NISSAN, LLC



20034875



Principal Place of Business
**20 AUTOWAY BLVD
 HARDEEVILLE, SC 29927**

Mailing Address
**3772 W COLONIAL DRIVE
 ORLANDO, FL 32808**

2. Principal Place of Business
84 AUTOMALL BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State
Hardeeville, S.C.

City & State

Zip
29927

Country

04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
57-1126376

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Cooperation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Ave, Suite 1000 (J64)

City
Orlando

FL Zip Code
32801-5403

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 *J. Gregory Humphries* **J. Gregory Humphries, V.Pres.** **4-21-06**

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEALEY, DONALD C 9216 SLOANE STREET ORLANDO, FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEALEY, JANET 9216 SLOANE STREET ORLANDO, FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWNING, THOMAS 26 GOLDEN HIND DR HILTON HEAD ISLAND, SC 29926 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEACOCK, W. W. 500 N MAITLAND AVE STE 313 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMPKIN, JOHN 266 LEMON LILY CT ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1635 BRIDLEWATER DRIVE LAKE MARY, FL 32746
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

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.

SIGNATURE: *Donald C. Mealey* **Donald C. Mealey** **4/17/06** **407-291-1448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #