

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90088 011 ****50.00

DOCUMENT # L01000010499

1. Entity Name

KEY NISSAN, LLC



Principal Place of Business

2512 WEST BOUNDARY ST.
BEAUFORT SC 29906

Mailing Address

3772 W COLONIAL DRIVE
ORLANDO FL 32808

2. Principal Place of Business

20 Auto Way Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hartsville SC.

City & State

Zip

29927

Country

Jasper

Zip

Country

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

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 MGRM ☐ Delete
NAME MEALEY, DONALD C
STREET ADDRESS 9216 SLOANE STREET
CITY-ST-ZIP ORLANDO FL 32827

TITLE MGRM ☐ Delete
NAME MEALEY, JANET
STREET ADDRESS 9216 SLOANE STREET
CITY-ST-ZIP ORLANDO FL 32827

TITLE MGRM ☒ Delete
NAME ZALUD, STUART
STREET ADDRESS 384 LONG COVE DRIVE
CITY-ST-ZIP HILTON HEAD ISLAND SC 29928

TITLE MGRM ☐ Delete
NAME ~~Thomas Downing~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~MGRM~~ V. DRES
STREET ADDRESS Thomas Downing
CITY-ST-ZIP 26 Golden Pkwy Dr.
Hilton Head SC 29926

TITLE ☐ Change ☒ Addition
NAME SEC
STREET ADDRESS W.W. Perreock
CITY-ST-ZIP 500 N MAITLAND AVE Suite 313
MAITLAND FL 32751

TITLE ☐ Change ☒ Addition
NAME TRES
STREET ADDRESS JOHN Lumpkin
CITY-ST-ZIP 266 Lemon City Ct.
Altamonte Springs FL 32714

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:

Donald C Mealey
REQUIRED

4/26/03

407-291-1448

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

Date

Daytime Phone #

CR2E083 (10/02)