

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: **20 Auto Way Blvd.**  
3. Mailing Address: Suite, Apt. #, etc.

City & State: **Hartsville SC.**

4. FEI Number: **57-1126376**  
Applied For:  Not Applicable

Zip: **29927** Country: **JASPER**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEALEY, DONALD C 9216 SLOANE STREET ORLANDO FL 32827</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MEALEY, JANET 9216 SLOANE STREET ORLANDO FL 32827</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZALUD, STUART 384 LONG COVE DRIVE HILTON HEAD ISLAND SC 29928</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Thomas Downing</b> <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

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM V. DRES Thomas Downing 26 Golden Wind Dr. Hilton Head SC 29926</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC W.W Perreock 500 N MAITLAND AVE Suite 313 MAITLAND FL 32751</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREAS JOHN Lumpkin 266 Lemon City Ct. Altamonte Springs FL 32714</b> <input type="checkbox"/> Change <input checked="" 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: **Don Mealey** **REQUIRED** Date: **4/26/03** Daytime Phone #: **407-291-1448**

CR2E083 (10/02)