

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90034 048 \*\*\*\*50.00

**DOCUMENT #** L01000022208

1. Entity Name

KEY INFINITI, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3772 W Colonial Dr

Suite, Apt. #, etc.

3. Mailing Address

3772 W Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Gregory J. Humphries

Street Address (P.O. Box Number is Not Acceptable)

300 S. Orange Ave Suite 1000

City

Orlando

FL

Zip Code

32801

**DO NOT WRITE  
IN THIS SPACE**

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

*Greg Humphries*  
Signature, typed or printed name of registered agent and title if applicable.

5/27/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

## **9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	TITLE	
NAME	DONALD C MEALEY	NAME	
STREET ADDRESS	9216 SLOANE ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	JAMES MEALEY	NAME	
STREET ADDRESS	9216 SLOANE ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32827	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	STUART ZALHO	NAME	
STREET ADDRESS	384 LONG COVE DR.	STREET ADDRESS	
CITY-ST-ZIP	HI HOW HARBOR ISLANDS S.C. 29928	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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*

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

4/19/02

Date

Daytime Phone #

CR2E083B (12/01)