

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90062 035 *****50.00

DOCUMENT # L01000022208

1. Entity Name
KEY INFINITI, LLC



Principal Place of Business
**10 AUTO WAY BLVD.
HARDEEVILLE, SC 29927**

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

24059016



04042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3688008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUMPHRIES, GREGORY J
300 S ORANGE AVE
SUITE 1000
ORLANDO, FL 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. 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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEALEY, DONALD C
STREET ADDRESS	9216 SLOANE ST
CITY-STATE-ZIP	ORLANDO, FL 32827
TITLE	MGRM
NAME	MEALEY, JANET
STREET ADDRESS	9216 SLOANE ST
CITY-STATE-ZIP	ORLANDO, FL 32827
TITLE	VP
NAME	DOWNING, THOMAS
STREET ADDRESS	26 GOLDEN WIND DR.
CITY-STATE-ZIP	HILTON HEAD ISLAND, SC 29926
TITLE	S
NAME	LUMPKIN, JOHN
STREET ADDRESS	266 LEMON LILY CT.
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: _____

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

Date

Daytime Phone #

4/23/04 407-291-1448