


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2006 90017 049 ****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
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20034876



2. Principal Place of Business 46 AUTOWAY BLVD	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172006 Chg-LLC CR2E083 (11/05)

City & State Hardeeville, S.C	City & State
Zip 29927	Country

4. FEI Number 04-3688008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
HUMPHRIES, GREGORY J 300 S ORANGE AVE SUITE 1000 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name Corporation Company of Orlando
Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVE, Suite 1000 (J6H)
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 <i>J. Gregory Humphries</i>	J. Gregory Humphries, V.Pres.	DATE 4-21-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEALEY, DONALD C 9216 SLOANE ST ORLANDO, FL 32827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEALEY, JANET 9216 SLOANE ST ORLANDO, FL 32827 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DOWNING, THOMAS 26 GOLDEN WIND DR. HILTON HEAD ISLAND, SC 29926 <input type="checkbox"/> Delete
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 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1635 BRIDGEWATER DR. LAKE MARY, FL 32746
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

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: <i>Donald C. Mealey</i>	Donald C. Mealey	DATE 4/17/06 DAYTIME PHONE 407-291-1448