

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90063 017 ***150.00

DOCUMENT # L02000009277

1. Entity Name
KEY MARCO/CHERRY HILL, L.C.



Principal Place of Business
**10001 TAMiami TRAIL NORTH
NAPLES, FL 34108**

Mailing Address
**10001 TAMiami TRAIL NORTH
NAPLES, FL 34108**

24057034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

04-3654785

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES, FL 34103

Name **Solomon A. Wood, PL**

Street Address (P.O. Box Number is Not Acceptable)
4001 Tamiami Trail North

Suite 330

City **Naples**

FL

Zip Code **34103**

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

4/19/04

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MERIDIAN LAND CO.**
STREET ADDRESS **10001 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES, FL 34108**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-04

Date

239-593-3100

Daytime Phone #