

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000003646

**FILED**  
**Sep 28, 2007**  
**Secretary of State**

**Entity Name:** KEY DEVELOPERS GROUP, LLC

**Current Principal Place of Business:**

918 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

**New Principal Place of Business:**

1101 CHANNELSIDE DRIVE  
237  
TAMPA, FL 33602 US

**Current Mailing Address:**

918 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

**New Mailing Address:**

1101 CHANNELSIDE DRIVE  
237  
TAMPA, FL 33602 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIRTOS, NICKI ESQ.  
1520 WEST CLEVELAND ST  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

HUSSAIN, FIDS SIRDAR  
1101 CHANNELSIDE DRIVE  
TAMPA, FL 33602 US

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: FIDA SIRDAR HUSSAIN

09/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HUSSAIN, FIDA SIRDAR  
Address: 918 CHANNELSIDE DRIVE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUSSAIN, FIDA SIRDAR  
Address: 1101 CHANNELSIDE DRIVE SUITE 237  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FIDA SIRDAR HUSSAIN

MGRM

09/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date