2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007576

1. Entity Name
KEY FINANCING SOLUTIONS, LLC

Principal Place of Business	Mailing Address
425 ALLENDALE ROAD KEY BISCAYNE, FL 33149-1809	425 ALLENDALE ROAD KEY BISCAYNE, FL 33149-1809

07012005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1178677
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KONO, PEDRO
425 ALLENDALE ROAD
KEY BISCAYNE, FL 33149-1809

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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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by September 7, 2005

100000375817
08/08/05-80003-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KONO, PEDRO
STREET ADDRESS	425 ALLENDALE RD.
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Pedro Kono August 4, 2005 305-361-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #