2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012720

Entity Name: KEY CONSTRUCTION GROUP, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
1795 EAST HIGHWAY 50 CLERMONT, FL 34711	

Current Mailing Address:	**New Mailing Address:**
PO BOX 120963 CLERMONT, FL 34712	

FEI Number: FEI Number Applied For (X)   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
REVELL, MARK T JR PO BOX 120963 CLERMONT, FL 34712 US	REVELL, MARK T PO BOX 120963 CLERMONT, FL 34712 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: MARK REVELL   05/01/2005
               Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MEMBERS:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete Name: REVELL, MARK T Address: 9146 MOSSY OAK LANE City-St-Zip: CLERMONT, FL 34711	Title: MGR (X) Change ( ) Addition Name: REVELL, MARK T Address: 1795 E HWY 50 STE A City-St-Zip: CLERMONT, FL 34711
Title: MGRM ( ) Delete Name: REVELL, STACI A Address: 9146 MOSSY OAK LANE City-St-Zip: CLERMONT, FL 34711	Title: MGRM (X) Change ( ) Addition Name: REVELL, STACI A Address: 1795 E HWY 50 City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK REVELL   MGR   05/01/2005
         Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date