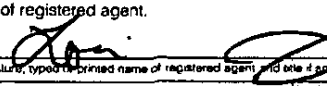
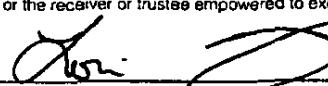


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-27-2004 90197 018 ****55.00

2.

DOCUMENT # L03000026393			
*1. Entity Name KEY INVESTMENT PARTNERS, LLC			
Principal Place of Business 10138 U.S. 19 PORT RICHEY FL 34668		Mailing Address 10138 U.S. 19 PORT RICHEY FL 34668	
2. Principal Place of Business 9735 U.S. Hwy. 19		3. Mailing Address 9735 U.S. Hwy. 19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT RICHEY, FL		City & State PORT RICHEY, FL	
Zip 34668	Country USA	Zip 34668	Country USA
6. Name and Address of Current Registered Agent MOWRY, LORI A. 10138 U.S. 19 PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name: MOWRY, LORI A. Street Address (P.O. Box Number is Not Acceptable) 9735 U.S. Hwy. 19 City: PORT RICHEY, FL Zip Code: 34668	
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 re-registering) DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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			

34000000



MOORE CR2E083 (11/03)

4. FEI Number
20-0113764

Applied For
☐ Not Applicable

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