# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L03000026393

*1. Entity Name

KEY INVESTMENT PARTNERS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 10138 U.S. 19<br>PORT RICHEY FL 34668 | 10138 U.S. 19<br>PORT RICHEY FL 34668 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9735 U.S. Hwy. 19 | 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 |

MOORE CR2E083 (11/03)

4. FEI Number: 20-0113764 — Applied For / Not Applicable

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 |
|---|---|
| MOWRY, LORI A<br>10138 U.S. 19<br>PORT RICHEY FL 34668 | Name: MOWRY, LORI A<br>Street Address (P.O. Box Number is Not Acceptable): 9735 U.S. Hwy. 19<br>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 reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: Manager<br>NAME: Lori A. Mowry<br>STREET ADDRESS: 9735 U.S. Hwy. 19<br>CITY-ST-ZIP: Port Richey, FL 34668 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE: Manager<br>NAME: Margaret Dwyer<br>STREET ADDRESS: 9735 U.S. Hwy. 19<br>CITY-ST-ZIP: Port Richey, FL 34668 | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 Date Daytime Phone #