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 PORT RICHEY FL 34668	10138 U.S. 19 PORT RICHEY FL 34668

MOORE CR2E083 (11/03)

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

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

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]
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE: Manager NAME: Lori A. Mowry STREET ADDRESS: 9735 U.S. Hwy. 19 CITY-ST-ZIP: Port Richey FL 34668	☐ Change	☒ Addition
TITLE: Manager NAME: Margaret Dwyer STREET ADDRESS: 9735 U.S. Hwy. 19 CITY-ST-ZIP: PORT RICHEY, FL 34668	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #