2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

SIGNATURE:

Feb 06, 2006 08:00 AM Secretary of State DOCUMENT # L03000026393 KEY INVESTMENT PARTNERS, LLC Principal Place of Business Maiting Address 9735 US HWY 19 PORT RICHEY FL 34668 9735 US HWY 19 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #. etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-0113764 Not Applicat Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOWRY, LORI A 9735 US HWY 19 Street Address (P.O. Box Number is Not Acceptable) PORT RICHEY FL 34668 Zip Code 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 accepthe obligations of registered agent. Signature, typed or printed harne of registored agent and title it applicable (NOTE, Registered Agent aignature required when reinstability) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Maria: TITLE MGR ☐ Detete 71515 ☐ Change MOWRY, LORI A NAME NAME STREET ADDRESS STREET AUDRESS 9735 US HWY 19 000000422<mark>975</mark> <u>47706-80038-016</u> 55.00 CITY-SI-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP mue Delete Artelia NAME. DWYER, MARGARET NAME STREET ADDRESS STREET ADDRESS 19735 US HWY 19 CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP ☐ Detete HILE ☐ Change Acces: MAM NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-20 Delete BILE ☐ Change TRANSPORT NAME NAME STREET ADDRESS STREET AUDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Oeiele TITLE ☐ Change ☐ Addilio NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP ESSY - ST - 702 TITLE Defete ☐ Change 🔲 Addina TATLE MAM NAME STREET ADDRESS STREET ADDRESS CITY- \$7-77F CITY-ST-ZIP 11. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 119, 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.

FILED