

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035251

FILED
Jan 27, 2009
Secretary of State

Entity Name: KEY PLACES LLC

Current Principal Place of Business:

7263 REGINA ROYALE
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

7263 REGINA ROYALE
SARASOTA, FL 34238 US

New Mailing Address:

FEI Number: 20-0285641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMETH, DENNIS ESQ
1800 2ND STREET STE 735
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

NEMETH, DENNIS ESQ
908 RIVERSIDE DRIVE
PALMETTO, FL 34221 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: DENNIS NEMETH

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRAUS, HENRY
Address: 7263 REGINA ROYALE
City-St-Zip: SARASOTA, FL 34238 US

Title: MGR () Delete
Name: PEDIGO, JILL
Address: 288 LOOKOUT POINT DRIVE
City-St-Zip: OSPREY, FL 34229 US

Title: MGR () Delete
Name: CIPIELEWSKI, BETH OWEN
Address: 7263 REGINA ROYALE
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BETH CIPIEWLESKI

MGR

01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date