

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000003585 1. Entity Name KEY ISLE INVESTMENTS I, LLC	
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Principal Place of Business 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220	Mailing Address 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
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04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0590773	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIESKY, JAMES H 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000542533
05/10/06-80096-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, JOEL S 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, JON N 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, R. B 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

SIGNATURE: Robert Wenson Jr 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #