

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004012

**FILED**  
**Mar 03, 2009**  
**Secretary of State**

**Entity Name:** KEYHOLE MANAGEMENT, LLC

**Current Principal Place of Business:**

4456 PLYMOUTH-SORRENTO RD.  
APOPKA, FL 32712 US

**New Principal Place of Business:**

5522 SYDONIE DR.  
MT. DORA, FL 32757 US

**Current Mailing Address:**

PO BOX 1344  
ZELLWOOD, FL 32798 US

**New Mailing Address:**

PO BOX 1344  
ZELLWOOD, FL 32798

**FEI Number:** 20-0604306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAGER, ALFRED JR.  
4456 PLYMOUTH-SORRENTO RD.  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

KAGER, ALFRED JR.  
5522 SYDONIE DR.  
MT. DORA, FL 32757 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: ALFRED KAGER JR.

03/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KAGER, ALFRED JR.  
Address: 4456 PLYMOUTH-SORRENTO RD.  
City-St-Zip: APOPKA, FL 32712 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KAGER, ALFRED JR.  
Address: 5522 SYDONIE DR..  
City-St-Zip: MT. DORA, FL 32757 US

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: ALFRED KAGER JR.

MGRM

03/03/2009

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