

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086664

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: KEY POINTE PROPERTIES, LLC

## Current Principal Place of Business:

1646 EMERSON ST.  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

1646 EMERSON ST.  
A  
JACKSONVILLE, FL 32207

## Current Mailing Address:

1646 EMERSON ST  
JACKSONVILLE, FL 32207

## New Mailing Address:

1646 EMERSON ST.  
A  
JACKSONVILLE, FL 32207

FEI Number: 20-1941362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRD, TERRY L  
1646 EMERSON ST.  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

BYRD, TERRY L  
1646 EMERSON ST.  
A  
JACKSONVILLE, FL 32207 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:

01/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BYRD, TERRY L  
Address: 1354 WOODWARD AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM ( ) Delete  
Name: BYRD, CONNIE J  
Address: 1354 WOODWARD AVE  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES:

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: CONNIE J BYRD

MGRM

01/21/2009

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