

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90129 034 ****55.00

DOCUMENT # L04000089364

1. Entity Name
KEY MARCO INVESTOR GROUP, LLC



Principal Place of Business Mailing Address
975 6TH AVENUE SOUTH, STE 101
NAPLES, FL 34102 975 6TH AVENUE SOUTH, STE 101
NAPLES, FL 34102

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1107775 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUCHTEN, DEMIAN M
975 6TH AVENUE SOUTH, STE 101
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 accept the obligations of registered agent.

SIGNATURE *Demian M. Kruchten* DATE 2/14/05
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

MAILED 02 2005
FEB 18 10 14 AM '05

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KRUCHTEN, K. PATRICK
STREET ADDRESS PH1, 140 PALM STREET
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE MGRM ☐ Delete
NAME CARR, BRUCE
STREET ADDRESS 8621 CHAMPIONS POINT, #504
CITY-ST-ZIP NAPLES, FL 34113

TITLE MGRM ☐ Delete
NAME KRUCHTEN, DEMAIN M
STREET ADDRESS 975 6TH AVENUE SOUTH, STE 101
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGRM ☐ Delete
NAME POPOFF, ROBERT
STREET ADDRESS 146 GREENBRIAR STREET
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE MGRM ☐ Delete
NAME NACHEF, JOHN
STREET ADDRESS 1744 GRANADA DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Demian M. Kruchten*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #