

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089988

FILED
Apr 28, 2009
Secretary of State

Entity Name: KEY HOUSING SOLUTIONS, LLC

Current Principal Place of Business:

9230 DANIELS PKWY
102
FORT MYERS, FL 33912 US

Current Mailing Address:

9230 DANIELS PKWY
102
FORT MYERS, FL 33912 US

New Principal Place of Business:

9230 DANIELS PKWY
SUITE 102
FORT MYERS, FL 33912 US

New Mailing Address:

9230 DANIELS PKWY
SUITE 102
FORT MYERS, FL 33912 US

FEI Number: 26-3410214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORDEN, DANIEL
9230 DANIELS PKWY
102
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

NORDEN, DANIEL
9230 DANIELS PKWY
SUITE 102
FORT MYERS, FL 33912 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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORDEN, DANIEL
Address: 11977 COUNTRY DAY CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGRM () Delete
Name: PETERS, MICHAEL S
Address: 2601 ELVA PLACE
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORDEN, DANIEL L
Address: 11977 COUNTRY DAY CIRCLE
City-St-Zip: FORT MYERS, FL 33913 US

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: MICHAEL S. PETERS

MGRM

04/28/2009

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