

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 06, 2000 08:00 AM**
Secretary of State**DOCUMENT # L99000003025****1. Entity Name**
KEY ESCROW, L.L.C.

Principal Place of Business 4741 ATLANTIC BOULEVARD, SUITE D JACKSONVILLE FL 32207	Mailing Address P.O. BOX 550655 JACKSONVILLE FL 32255
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2. Principal Place of Business 1264 EUTAW PLACE	3. Mailing Address Suite, Apt. #, etc.
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City & State JACKSONVILLE FL	City & State
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Zip 32207	Country	Zip	Country
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4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALSEMA JAY C
4741 ATLANTIC BOULEVARD, SUITE D

JACKSONVILLE FL 32207 US

7. Name and Address of New Registered Agent

Name
BASFORD MICHAEL ESQ.
Street Address (P.O. Box Number is Not Acceptable)
24 NORTH MARKET STREET
SUITE 404, LAW EXCHANGE BUILDING
City JACKSONVILLE FL Zip Code 32202

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.**SIGNATURE MICHAEL BASFORD**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/06/2000
DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR CHUNG JAE HOON 3913 OAK STREET JACKSONVILLE FL 32205	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEILL DOUGLAS 2410 CEDAR SHORES CIRCLE JACKSONVILLE FL 32201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALSEMA JAY C 1264 EUTAW PLACE JACKSONVILLE FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUNG JAE HOON 3913 OAK STREET JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.