2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003419

1. Entity Name

KEY INVESTMENT OF ASPEN, L.L.C.

Principal Place of Business	Mailing Address
1006 E HYMAN AVENUE	1006 E HYMAN AVENUE
ASPEN CO 81611	ASPEN CO 81611-2118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number — Applied For / Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOZIER, DANIEL R ESQ ONE PENSACOLA PLAZA SUITE 224 125 W ROMANA STREET PENSACOLA FL 32501	Name *Douglas M. Raines* Street Address (P.O. Box Number is Not Acceptable) *80001 Overseas Hwy* City *Islamorada* FL Zip Code *33036*

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 *Douglas M. Raines* - Douglas M. Raines - MGRM   2-2-00

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM **NAME** RAINES, DOUGLAS M **STREET ADDRESS** 1006 E HYMAN AVENUE **CITY-ST-ZIP** ASPEN CO 81611	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE MGRM **NAME** GABLE, KAREN J **STREET ADDRESS** 1006 E HYMAN AVENUE **CITY-ST-ZIP** ASPEN CO 81611	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** *mf 2/28/00*	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	500003155955---7 -03/03/00--01017--030 ****100.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition

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: *Douglas M. Raines* Douglas M. Raines   2/2/00   305-872-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #