

2001 UNIFORM BUSINESS REPORT (UBR)

0030953 AB

DOCUMENT # **L99000003419**

1. Entity Name

KEY INVESTMENT OF ASPEN, L.L.C.

Principal Place of Business

**1006 E HYMAN AVENUE
ASPEN CO 81611**

Mailing Address

**1006 E HYMAN AVENUE
ASPEN CO 81611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**RAINES, DOUGLAS M
80001 OVERSEAS HWY.
ISLAMORADA FL 33036**

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.

SIGNATURE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAINES, DOUGLAS M
1006 E HYMAN AVENUE
ASPEN CO 81611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004086815 ☐ Change ☐ Addition
-04/27/01--01083--029
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GABLE, KAREN J
1006 E HYMAN AVENUE
ASPEN CO 81611** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date


Daytime Phone #

4/16/01

970920-7856

CR2E083 (11/00)

FILED
2001 APR 20 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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