

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M00000002210 1. Entity Name THE KEY EVENT GROUP, LLC	
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Principal Place of Business 8360 TIBER BUTLER DRIVE WINDERMERE, FL 34786	Mailing Address 8360 TIBER BUTLER DRIVE WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE



03182004 No Chg.-LLC CR2E083 (10/03)

4. FEI Number 62-1720146	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HERSHISER, VALERIE W 8360 TIBER BUTLER DRIVE WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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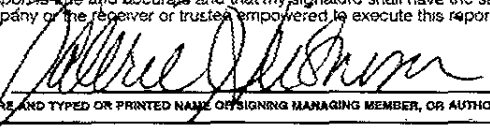
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITE, MEARS 1612 BOSCOBEL ST. NASHVILLE, TN 37208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/19/04-80105-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: 	Date: 4/16/04	Daytime Phone #: 407-876-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		