


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 19, 2004 8:00 am
Secretary of State

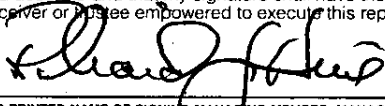
08-19-2004 90001 018 ****55.00

DOCUMENT # M02000003049 1. Entity Name KEY MARCO LLC					
Principal Place of Business 19 ,AUREEN DR MOUNT SINAI NY 11766			Mailing Address 19 ,AUREEN DR MOUNT SINAI NY 11766		
2. Principal Place of Business 19 Maureen Dr.		3. Mailing Address 19 Maureen Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0818459	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBSTER, RONALD 985 NORTH COLLIER BOULEVARD MARCO ISLAND FL 34145			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	KEY MARCO HOLDING CORP.		NAME		
STREET ADDRESS	19 MAUREEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MT. SINAI NY 11766		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E083 (11/03)

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:  **2/15/04 576-458-1724**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #