


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000066087
 1. Entity Name
KEATON BEACH PARTNERS, LLC



Principal Place of Business 13410 NW 49TH LANE GAINESVILLE, FL 32606 US	Mailing Address POST OFFICE BOX 308 TRENTON, FL 32693 US
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DO NOT WRITE IN THIS SPACE



01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1593926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

BURT, THEODORE M ESQ
 114 NE FIRST STREET
 TRENTON, FL 32693

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORE, FREDRIC R 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, JERRY 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLISON, MATTHEW 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JOB 10216 SW 49TH LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIENKE, HAROLD L 213 EAST CHURCH STREET GAINESVILLE, TX 76240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000423425
 02/18/06-80007-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *JRS* 2/2/06 352-331-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #