

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066087

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: KEATON BEACH PARTNERS, LLC

**Current Principal Place of Business:**

13410 NW 49TH LANE  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 308  
TRENTON, FL 32693 US

**New Mailing Address:**

FEI Number: 20-1593926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHORE, FREDRIC R  
Address: 13410 NW 49TH LANE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR ( ) Delete  
Name: JONES, JERRY  
Address: 13410 NW 49TH LANE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR ( ) Delete  
Name: ELLISON, MATTHEW  
Address: 13410 NW 49TH LANE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGR ( ) Delete  
Name: WHITE, JOB  
Address: 10216 SW 49TH LANE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGR ( ) Delete  
Name: STIENKE, HAROLD L  
Address: 213 EAST CHURCH STREET  
City-St-Zip: GAINESVILLE, TX 76240 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip: US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDRIC R. SHORE

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date