## 2007 LIMITED LIABILITY COMPANY

## Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-27-2007 90029 017 \*\*\*\*50.00 **DOCUMENT # L06000104968** GREGORY A. KEYES, LLC 60042134 Principal Place of Business Mailing Address 4325 CARLYSLE AVENUE **4325 CARLYSLE AVENUE** TITUSVILLE, FL 32780 US TITUSVILLE, FL 32780 2. Principal Place of Business - No P.O. Box # Mailing Address 4325 Cack 4325 Car CR2E083 (12/06) 01102007 Chg-LLC City & State 4. FEI Number Applied For Not Applicable 2696 Zip Country \$5.00 Additional 5. Certificate of Status Desired Breward <u>32</u>: Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEYES, GREGORY A SR. 4325 CARLYSLE AVENUE Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE, FL 32780 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME KEYES, GREGORY A SR. NAME STREET ADDRESS 4325 CARLYSLE AVENUE STREET ADDRESS ŤÍTÚSVILĽE, FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 608, Florida Statutes.

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NATURE AND TYPED OF

**FILED**