2006 FOR PROFIT CORPORATION ANNUAL REPORT



1. Entity Name KEENAN PROPERTIES, INC.

DOCUMENT #J20149

Principal Place of Business

Mailing Address

2. Principal Place of Bus	iness	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.						
City & State		City & State		•					
Zip	Country	Z ip	Country						

FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90352 007 ***150.00

บบบพฯ~-

1900 W COM FT. LAUDERD		.VD, SUITE 200 :309-3018		900 W COMMERCIAL E I. Lauderdale, FL 3					B BIBITI BETTURI 1880'			ININ NININ NENIH SIN	
2. Principal Place of Business 3. Mailin			Mailing Address										
Suite, Apt. #, etc.		······································	Suite, Apt. #, etc.			04042006	Chg-F	,	CR2E	034 (11/05)			
City & State				City & State			4. FEI Numb				- 	optied For	
Zip		Country	Z	Zip Country				5. Certificate		esired		\$8.75 Add	ditional
	6. Name	and Address of Curren	t Regist	ered Agent				7. Name and	Address of	New Ro	gistered	Agent	
BOYLE, CONRAD J., ESQ 500 E. BROWARD BLVD. STE 1950					Name Street Address (P.O. Sox Number is Not Acceptable)								
FT. LAUDE	ERDALE, I	FL 33394				City					FL	Zip Cod	e
	ions of regist	•	•	. , ,					th, in the Sta	te of Fto	rida. 1am	familiar with,	and accept
	Signature, typed	or printed name of registered agen	h etht bna tr	applicable. (NOTE	: Registere	d Agent signatur	re required	when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fi					ncing		00 May Be ad to Fees						
10.		OFFICERS AND	DIREC		11.		\/P	ADDITIONS.	CHANGES	TO OFFI	CERS AND	D DIRECTOR	S IN 11
NAME STREET ADDRESS	KEENAN, WILLIAM				NAM STRE	1	Но	P Administration & Operations ☐ Change					
CITY+ST-ZIP	FORT LAUDERDALE, FL 33309				CITY	-ST-ZIP	Fo	rt Lauderda	ile, FL 33	3309			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHYNOWETH, DALE 1900 W. COMMERCIAL BLVD., STE 200											Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1900 W. C	ROBERT D COMMERCIAL BLVD., JDERDALE, FL 3330		Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I						Change	Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

3/00-7135