

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006847 1. Entity Name T.F. KEEFE, LLC						
Principal Place of Business 265 FORT SMITH BLVD DELTONA, FL		Mailing Address 265 FORT SMITH BLVD DELTONA, FL				
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent KEEFE, TIMOTHY F 265 FORT SMITH BLVD DELTONA, FL		<div style="text-align: center;"></div> <div>01062004 No Chg-LLC CR2E083 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 59-3658890</td><td style="padding: 2px; text-align: center;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 59-3658890	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
4. FEI Number 59-3658890	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2004						
9. MANAGING MEMBERS/MANAGERS						
TITLE	MGR					
NAME	KEEFE, TIMOTHY F					
STREET ADDRESS	265 FORT SMITH BLVD.					
CITY - ST - ZIP	DELTONA, FL 32738					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
<div style="text-align: right; font-family: monospace; font-size: 1.2em;">000000005400 01/16/04-80002-009 50.00</div> DO NOT WRITE IN THIS SPACE						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:  1-9-04 386 574 5214						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>						