


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 20, 2006 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		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> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEFE, TIMOTHY F 265 FORT SMITH BLVD. DELTONA, FL 32738	
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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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-13-06</u> Daytime Phone # <u>386 574 5214</u>



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3658890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/25/06-80017-025 50.00