2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000008414

1. Entity Name
KEYSTONE PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
357 N. SPAULDING COVE HEATHROW, FL 32746	357 N. SPAULDING COVE HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3655420
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, ANTHONY B
357 N. SPAULDING COVE
HEATHROW, FL 32746

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GREENFIELD, ANTHONY G
STREET ADDRESS	357 N SPAULDING COVE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	MGRM
NAME	LESSARD, MICHAEL BRADY
STREET ADDRESS	1501 E 2ND ST
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGRM
NAME	BROSCHARI, GEORGE MICHAEL
STREET ADDRESS	1360 MAGNOLIA AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	PAGE, FRANK L
STREET ADDRESS	5010 WINWOOD WAY
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	MGRM
NAME	BARANZANO, JOHN A
STREET ADDRESS	113 E BONEFISH CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGRM
NAME	CONLEY, L. FRED
STREET ADDRESS	8620 SE 12 COURT
CITY-ST-ZIP	OCALA, FL 34480

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04/19/04-80098-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael B. Lessard 4-15-04 407-323-9059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #