


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008414 1. Entity Name KEYSTONE PARTNERS, L.L.C.	
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Principal Place of Business 357 N. SPAULDING COVE HEATHROW, FL 32746	Mailing Address 357 N. SPAULDING COVE HEATHROW, FL 32746
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02152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3655420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GREENFIELD, ANTHONY B 357 N. SPAULDING COVE HEATHROW, FL 32746	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

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

U00000254877
03/07/05-80092-007 50.00

**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)(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 Lessard **2-15-05** **407-323-9059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #