


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90084 009 ****50.00

DOCUMENT # L00000008414 1. Entity Name KEYSTONE PARTNERS, L.L.C.			
Principal Place of Business 357 N. SPAULDING COVE HEATHROW, FL 32746		Mailing Address 357 N. SPAULDING COVE HEATHROW, FL 32746	
2. Principal Place of Business 1040 Bloomsbury Run Suite, Apt. #, etc.		3. Mailing Address 1040 Bloomsbury Run Suite, Apt. #, etc.	
City & State Heathrow FL		City & State Heathrow FL	
Zip 32746		Zip 32746	
Country USA		Country USA	
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		7. Name and Address of New Registered Agent Name Anthony B. Greenfield Street Address (P.O. Box Number is Not Acceptable) 1040 Bloomsbury Run City Heathrow FL Zip Code 32746	
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 <u><i>Lisa Lessard</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1040 Bloomsbury Run 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGE, FRANK L 5010 WINWOOD WAY ORLANDO, FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, L. FRED 8620 SE 12 COURT OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Lisa Lessard</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			