


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 021 ****50.00

DOCUMENT # L00000011491 1. Entity Name KEILEY GENERAL, L.L.C.					
Principal Place of Business 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808			Mailing Address 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3675257	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, RUSSELL KEILEY 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, RUSSEL KEILEY 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, KATHLEEN M 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, KATHLEEN M 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, KATHLEEN M 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAW, KATHLEEN M 130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808	<input type="checkbox"/> Delete			
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: <i>Kathleen M. Shaw</i> Kathleen M. Shaw <i>April 13, 04</i> 4073228459 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					