2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED				
DOCUMENT # L00000011491 1. Entity Name				MA S	Mar 02, 2005 08:00 AM Secretary of State				
KEILEY GENERAL, L.L.C.						Secretai	y or s	state	
Principal Plac	ce of Business	Mailing Address							
130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808		130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808							
					I I I I I I I I I I I I I I I I I I I	PANGA NGA MINIST MINIST NINGGA MINIST	: EE111 SEISL 11991	Mais Pieta Ibibi II	8 111 (
2. Principal F	Place of Business	3. Mailing Address			-				
					<u> </u> 		HE HILLIE		488 1 # 1881
Suite, Apt	. #, ⊕IC.	Suite, Apt #, etc.			15	t MOORE	CR2E08	3 (10/04)	
City & State		City & State		4. FEI Numb	er 59-367525	7		oplied For	
Zip Country		Zip Country			39-307323		\$5.00 Add	ot Applicab!	
			Joans	· y	5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New F	legistered /	Agent	
SHA	AW, RUSSELL KEILEY			rame					
130	CRYSTAL VIEW SOUTH NFORD FL 32773-4808		Street Address (P.O. Box Numb	er is Not Acceptabl	e)		,
				City				Zip Code	
9 The should	named entity submits this statement f	or the nurness of changing	ito co giotoro		and amont or ha	M. in the Chair of El	FL	•	
the obliga	tions of registered agent.	or the purpose of changing	its redistere	a office of redister	ed agent, or bo	ui, iii ule Siale oi Fi	orida. Faiii	ammar waa,	ard eliket
SIGNATURE	Signature, typed or printed name of registered agen	t and title of annia obta	OTÉ De cutere d			· · · · · · · · · · · · · · · · · · ·	0.77		
	Signature, typed or printed herrie or registered ager	1	5 - 1 C - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	Agent signature required	when loinslating)		DATE		
		Make Check Pays		EE IS \$50.00	nt of State				
			Due By Ma		III OI State				
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	· · ·	
TITLE	MGR	Defete	tialt			•		☐ Change	☐ Adilbii
NAME	SHAW, RUSSEL KEILEY		NAME				9852		
STREET ADDRESS CITY-ST-ZIP	130 CRYSTAL VIEW SOUTH SANFORD FL 32773-4808		CITY-S	TADDRESS ST-ZIP	((3/102/05-80)	046-017	' 50.00	
TITLE	MGR	☐ Delete	TITLE					☐ Change	Addition
NAME	SHAW, KATHLEEN M		NAME					_ •	
STREET ADDRESS	130 CRYSTAL VIEW SOUTH			TADDRESS					
CITY-ST-ZIP	SANFORD FL 32773-4808		CITY-S						
NTLE NAME		■ Delete	IIII E NAME					Change	Adams.
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			City-s	S1 - 71P					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-ST-ZIP			City S						
THLE		☐ Delete	TOTLE					☐ Change	☐ Additic
NAME		— -····•	NAME					-	_
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP		-	CITY	SI-ZIP					
TITLE NAME		☐ Deiete	TITLE NAME					Change	Anielija,
STREET ADDRESS				LADORESS	•				
CITY-ST-ZIP			CITY-S						
11. I hereby	certify that the information supplied wit on this report is true and accurate and	h this filing does not qualify	for the exem	ption stated in Se	 ction 119.07(3)(i), Florida Statutes.	 I further ceri	tify that the ir	nformation
indicated limited lia	l on this report is true and accurate and ibility company or the receiver or truste	that my signature shall have e empowered to execute the	ve the same is report as :	legal effect as if m required by Chapt	nade under oath ter 608, Florida :	; that I am a manaç Statutes.	ging membe	r or manage	r of the