


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90038 033 ****50.00

DOCUMENT # L00000014471	
1. Entity Name KEYSTONE HOME BUILDERS, L.L.C.	

Principal Place of Business 12235 SW 129TH COURT MIAMI, FL 33186	Mailing Address 12235 SW 129TH COURT MIAMI, FL 33186
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24053668



2. Principal Place of Business 10 NW 42ND. AVE Suite, Apt. #, etc. SUITE 400 City & State MIAMI, FLORIDA Zip 33126 Country USA	3. Mailing Address 10 NW 42ND. AVE Suite, Apt. #, etc. SUITE 400 City & State MIAMI, FLORIDA Zip 33126 Country USA
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04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1076922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z ESQ.- 7270 NW 12TH STREET, PH-1 MIAMI, FL 33126
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

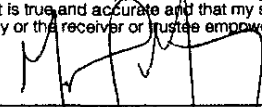
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, MIGUEL 12235 SW 129TH COURT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, MIGUEL A 10 NW 42ND. AVE, SUITE 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J 13235 SW 129 CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J 10 NW 42ND. AVE, SUITE 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 12235 SW 129 CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 10 NW 42ND. AVE, SUITE 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:  Miguel A. Mouriz 4/21/04 (305) 567-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #