


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000014471</b> 1. Entity Name <b>KEYSTONE HOME BUILDERS, L.L.C.</b>					
Principal Place of Business <b>10 NW 42ND AVE SUITE 400 MIAMI, FL 33126</b>			Mailing Address <b>10 NW 42ND AVE SUITE 400 MIAMI, FL 33126</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1076922</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRODIE, SIDNEY Z ESQ. 7270 NW 12TH STREET, PH-1 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinitiating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, MIGUEL A 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOURIZ, REINALDO J 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PUIG, ENRIQUE 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.			10. ADDITIONS/CHANGES TITLE NAME STREET ADDRESS CITY-ST-ZIP 000000304724 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/14/05-80054-003 50.00		
<b>SIGNATURE: Miguel A. Mouriz</b>			<b>3/31/05 (305) 567-1577</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		