


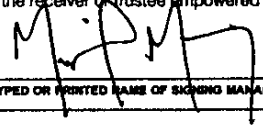


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90265 011 ****50.00

DOCUMENT # L00000014471					
1. Entity Name KEYSTONE HOME BUILDERS, L.L.C.					
Principal Place of Business 10 NW 42ND AVE SUITE 400 MIAMI, FL 33126			Mailing Address 10 NW 42ND AVE SUITE 400 MIAMI, FL 33126		
2. Principal Place of Business 10 N.W. 42nd AVE.		3. Mailing Address 10 N.W. 42nd AVE.			
Suite, Apt. #, etc. SUITE 700		Suite, Apt. #, etc. SUITE 700			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 65-1076922	
Zip 33126 Country USA		Zip 33126 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODIE, SIDNEY Z ESQ. 7270 NW 12TH STREET, PH-1 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. 42nd AVE., SUITE 700 City MIAMI FL Zip Code 33126		
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 			DATE 3-20-2006		
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 MOURIZ, MIGUEL A 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, MIGUEL A. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOURIZ, REINALDO J. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 10 NW 42ND AVE, SUITE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUIG, ENRIQUE 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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 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: 			Date 3-20-2006 (305) 3671577		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		