
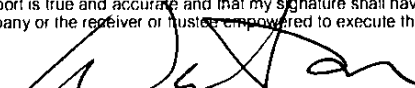


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**Apr 24, 2006 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # L01000008677</b>				04-24-2006 90043 041 ****55.00	
1. Entity Name KEVA, LLC					
Principal Place of Business C/O DARLENE GRAYSON 300 FIRST AVE. SOUTH 2ND FL ST PETERSBURG, FL 33701		Mailing Address C/O DARLENE GRAYSON 450 CARILLON PKWY, STE 200 SAINT PETERSBURG, FL 33716			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3759209	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAYSON, DARLENE 300 FIRST AVE. SOUTH, SECOND FLOOR ST PETERSBURG, FL 33701			Name GRAYSON, DARLENE Street Address (P.O. Box Number is Not Acceptable) C/O H&SCT MGT. ADVISERS 450 CARILLON PKWY., STE 200 City ST. PETERSBURG FL Zip Code 33714		
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 reissuing) DATE _____					
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	PT MOREAN, WILLIAM D 300 1ST AVE. SOUTH, STE 200 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOREAN, KELLY D 300 1ST AVE. SOUTH, STE 200 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
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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: 			4-6-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		