


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90113 021 \*\*\*143.75

<b>DOCUMENT # L01000008677</b>		
1. Entity Name <b>KEVA, LLC</b>		

Principal Place of Business <b>520 4TH ST NORTH SAINT PETERSBURG, FL 33701</b>	Mailing Address <b>C/O DARLENE GRAYSON 450 CARILLON PKWY, STE 200 SAINT PETERSBURG, FL 33716</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>D. GRAYSON</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>GenSpring Family Offices</b>	
City & State		City & State <b>450 Carillon Parkway Suite 200 St. Petersburg, FL 33716</b>	
Zip	Country	Zip	Country



04022008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>GRAYSON, DARLENE C/O ASSET MGT ADVISORS 450 CARILLON PKWY STE 200 SAINT PETERSBURG, FL 33716</b>		7. Name and Address of New Registered Agent Name <b>D. GRAYSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>GenSpring Family Offices 450 Carillon Parkway Suite 200 St. Petersburg, FL 33716</b> City Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MOREAN, WILLIAM D 520 4TH ST NORTH SAINT PETERSBURG, FL 33701 <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	VPS MOREAN, KELLY D 520 4TH ST NORTH SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** *William D. Morean* **4-10-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #