2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011702

1. Entity Name
KESO, LLC

Principal Place of Business	Mailing Address
C/O KENNETH F. OSWALD, ATTORNEY AT LAW 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804	C/O KENNETH F. OSWALD, ATTY 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804

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08102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
03-0422856
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OSWALD, KENNETH F ATTY
600 COURTLAND STREET, SUITE 110
ORLANDO, FL 32804

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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 _____ 8/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OSWALD, KENNETH F ATTY
STREET ADDRESS	600 COURTLAND STREET, SUITE 110
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	OSWALD, SANDRA W
STREET ADDRESS	600 COURTLAND STREET, SUITE 110
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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08/21/06-80005-001 50.00

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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: _____ 8/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #