


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90028 040 ****55.00

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| DOCUMENT # L01000011702 |  |
| 1. Entity Name KESO, LLC | |

00053711



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| Principal Place of Business C/O KENNETH F. OSWALD, ATTORNEY AT LAW 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 | Mailing Address C/O KENNETH F. OSWALD, ATTY 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 |
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| 2. Principal Place of Business - No P.O. Box # 222 S. WESTMONTIE DR | 3. Mailing Address 222 S. WESTMONTIE DR. |
| Suite, Apt. #, etc. SUITE 210 | Suite, Apt. #, etc. SUITE 210 |

07272007 Chg-LLC CR2E083 (12/06)

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| City & State ALTAMONTE SPRINGS, FL | City & State ALTAMONTE SPRINGS, FL |
| Zip 32714 | Zip 32714 |
| Country USA | Country USA |

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| 4. FEI Number 03-0422856 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent OSWALD & OSWALD, P.L. 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 | |
| 7. Name and Address of New Registered Agent Name OSWALD + OSWALD, P.L. Street Address (P.O. Box Number is Not Acceptable) 222 S. WESTMONTIE DRIVE SUITE 210 City ALTAMONTE SPRINGS FL Zip Code 32714 | |

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 **7/27/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OSWALD, KENNETH F ATTY 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 222 S. WESTMONTIE DR. # 210 ALTAMONTE SPRINGS, FL 32714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OSWALD, SANDRA W 600 COURTLAND STREET, SUITE 110 ORLANDO, FL 32804 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 222 S. WESTMONTIE DR. # 210 ALTAMONTE SPRINGS FL 32714 |
| 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 |
| 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 **7/27/07** DAYTIME PHONE # **407/647-3738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE