

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020413

Entity Name: LANA C. KEETON, L.L.C.

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

5900 COLLINS AVENUE  
SUITE #803  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

P.O. BOX 402494  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

611 MICHIGAN AVENUE  
#2  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 36-4483326      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEETON, LANA C  
5900 COLLINS AVENUE  
SUITE #803  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

KEETON, LANA C  
611 MICHIGAN AVENUE  
#2  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: LANA C. KEETON

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KEETON, LANA C  
Address: 5900 COLLINS AVENUE, SUITE 803  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KEETON, LANA C  
Address: 611 MICHIGAN AVENUE, #2  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LANA C. KEETON

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date