

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

Due: May 1<sup>st</sup> 2005

**FILED**

**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000000819**

1. Entity Name  
**KEYSTONE, LLC**



Principal Place of Business  
**526 CLUB DRIVE  
PALM BEACH GARDENS, FL 33418**

Mailing Address  
**526 CLUB DRIVE  
PALM BEACH GARDENS, FL 33418**



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>94-3414873</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required               |

**5. Name and Address of Current Registered Agent**

**LEVINE, ALAN  
526 CLUB DRIVE  
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>LEVINE, ALAN M<br/>526 CLUB DRIVE<br/>PALM BEACH GARDENS, FL 33418</b> |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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05/02/05-60081-018 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05 861-739 7348