

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014343

1. Entity Name
KEYSTONE TITLE LLC



Principal Place of Business
**6015 ATA SOUTH
ST. AUGUSTINE, FL 37080 US**

Mailing Address
**P.O. BOX 2000
KEYSTONE HTS., FL 32656**



02072006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4206593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES J JR.
420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS, FL 32656**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, JAMES J JR 420 S LAWRENCE BLVD KEYSTON HTS, FL 37080
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02/18/06-80095-021 50.00

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IN THIS SPACE**

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: **Mary A Taylor**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #