

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 FEB -3 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B/K



01172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000022233

1. Entity Name
KEYSTONE DJJ LLC



Principal Place of Business
**3401 WEST END AVENUE, SUITE 400
NASHVILLE, TN 37203**

Mailing Address
**3401 WEST END AVENUE, SUITE 400
NASHVILLE, TN 37203**

2. Principal Place of Business
3401 S. Mulph Rd.
Suite, Apt. #, etc.

3. Mailing Address
3401 S. Mulph Rd
Suite, Apt. #, etc.

City & State
King of Prussia PA

City & State
King of Prussia PA

Zip
19406 Country **USA**

Zip
19406 Country **USA**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	LINDLEY, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE MGR	Keystone LLC Partners LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3401 WEST END AVE., STE. 400		STREET ADDRESS 3015 South Mulph Rd.	
CITY-ST-ZIP NASHVILLE, TN 37203		CITY-ST-ZIP King of Prussia PA 19406	
TITLE MGR	EDMUNDS, JOHN <input checked="" type="checkbox"/> Delete	TITLE MGR	700065851837 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3401 WEST END AVE., STE. 400		STREET ADDRESS 02/14/06--01053--014 ***50.00	
CITY-ST-ZIP NASHVILLE, TN 37203		CITY-ST-ZIP	
TITLE MGR	CAWOOD, RODNEY <input checked="" type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3401 WEST END AVE., STE. 400		STREET ADDRESS	
CITY-ST-ZIP NASHVILLE, TN 37203		CITY-ST-ZIP	
TITLE MGR	SMITH, AL <input checked="" type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3401 WEST END AVE., STE. 400		STREET ADDRESS	
CITY-ST-ZIP NASHVILLE, TN 37027		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Beuer R. Gilbert** **1/24/06 6107683300**

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

Date

Daytime Phone #