2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028395 #5808-15

1. Entity Name

KEYSER MORTGAGES, L.L.C.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90009 023 ****50.00

												
Principal Plac			Mailing Address									
240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA FL 34236			240 S. PINEAPPLE AVENUE. 10TH FLOOR SARASOTA FL 34236				1188)	OKI ONI ODINO EIDIN	11 161 11 111 81 11	1 15 01 01	86 15 19 8 8148 8 1	OLON SINI KOOL
2 Principal F	Place of Business		3. Mailing Address									
1133 Fourth Street			1133 Fourth Street									B10, B10, 1051
Suite, Apt. #, etc. Suite 302			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
			Suite 302				- STEEN TIEFE II MANITO OTANGEO					
City & State			City & State				4. FEI Num		22222			pplied For
	rasota, FL		Sarasota, FL	 				-388278			ot Applicable	
Zip 34236	Country	1	Zip	itry	5. Certificate of Status Desired \$5.00 Additional Fee Required							
34230	34236 6. Name and Address of Current Registered Agent						7. Name a	nd Address o	f New Regis		<u>_</u>	
					Name							
Doerr, Kenneth D					700 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						<u> </u>	
J	S. PINEAPPLE AVEN	R			Street Address (P.O. Box Number is Not Acceptable)							
SARASOTA FL 34236							<u></u>	-				
					0.4	 .					Zip Cod	
					City					FL	Zip Coc	e ,
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 obligat	ions of registered agent											i
SIGNATURE .	Signature, typed or printed nam		71077		44		£			5.25	<u></u>	
	signature, typed or printed nam	e or registered agent and ti	tie if applicable. (NO16	: Hegistere	O Agent signa	iture required v	when reinstating)			DATE		
			FILE NO									1
			Make Check Payabl			-	it of State					
· •			Due	By M	ay 1, 200	J3 						
9.	MANAGING MEMBERS/MANAGERS 10.					1722		ADD	ITIONS/CH/			
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CITY-ST-ZIP					-ST-ZIP	HI33 Saras	Fourth Otal FI	Street,	Suite	302		
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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:

Marold L. Libby, Manager SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/08/03