## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000033717** 

1. Entity Name

KEATING MOORE DEVELOPMENT, LLC



Principal Place of Business

10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 Mailing Address

10276 RIVERSIDE DRIVE

PALM BEACH GARDENS, FL 33410

FILED Apr 24, 2007 08:00 AM Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1164197 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEATING, JOSEPH 10276 RIVERSIDE DR PALM BEACH GARDENS, FL 33410

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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, 2007

9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEATING, JOSEPH M 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410 MGR			
NAME STREET ADDRESS CITY-ST-ZIP	MOORE, TIM J 10276 RIVERSIDE DRIVE PALM BEACH GARDENS, FL 33410			
IIILE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-2IP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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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:

SIGNATURE AND TYPES OR PRIN

INTED NAME OF SIGNING MANAGING MEMBER, OR

AUTHORIZED REPRESENTATIVE

ubzdr

561-775-5882

Daytime Phone #