2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007210

1. Entity Name
MELISSA T. KEEFER, LLC

Principal Place of Business	Mailing Address
21301 POWERLINE ROAD SUITE 101 BOCA RATON, FL 33433 US	4168 SAINT ANDREWS AVENUE BOYNTON BEACH, FL 33436-4434 US

DO NOT WRITE IN THIS SPACE

03042006 No Chg-LLC   CRZE063 (11/05)

4. FEI Number	Applied For
13-4240174	Not Applicable

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

6. Name and Address of Current Registered Agent

KEEFER, MELISSA T
21301 POWERLINE ROAD
SUITE 101
BOCA RATON, FL 33433

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, 2006

000000465186
03/22/06-00065-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KEEFER, MELISSA T
STREET ADDRESS	4168 SAINT ANDREWS AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 334364434

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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: _~~Melissa~~_   3-11-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #