

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90137 026 ****50.00

DOCUMENT # L03000019773

1. Entity Name
KEYSTONE DEVELOPMENT, L.L.C.



Principal Place of Business
4507 FURLING LANE, SUITE 213
DESTIN, FL 32541

Mailing Address
4507 FURLING LANE, SUITE 213
DESTIN, FL 32541

24063825



2. Principal Place of Business
165 Crest DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5708
Suite, Apt. #, etc.

04282004 Chg-LLC CR2E083 (10/03)

City & State
Destin Florida
Zip 32550 Country Okaloosa

City & State
Destin Florida
Zip 32540 Country Okaloosa

4. FEI Number
APPLIED FOR
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHARPE, JAMES A
4507 FURLING LANE, SUITE 213
DESTIN, FL 32541
165 CREST DR
DESTIN, FL
32550

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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHARPE, JAMES A
STREET ADDRESS 4507 FURLING LANE, SUITE 213
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME JAMES A SHARPE
STREET ADDRESS 165 CREST DR
CITY-ST-ZIP DESTIN, FL 32550

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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: James A Sharpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/04 850-650-3977
Date Daytime Phone #