

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90122 045 ****50.00

DOCUMENT # L03000029290

1. Entity Name

KEYSTONE MARKETING ASSOCIATES, LLC



Principal Place of Business

450 HUNTER LANE
LAKE FOREST IL 60045

Mailing Address

309 W WASHINGTON
SUITE 950
CHICAGO IL 60606

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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-0364292

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVERT, JAMES P
2647 NELSON CT
WESTON FL 33332

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
COVERT, PENNY
450 HUNTER LANE
LAKE FOREST IL 60045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
COVERT, James P.
450 Hunter Lane
Lake Forest, IL 60045 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James P. Covert* James P. Covert ✓ 2/26/07 954-344-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #