

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90188 041 \*\*\*138.75

**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**

**60042160**



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

**2647 Nelson Ct.**

Suite, Apt. #, etc.

3. Mailing Address

**950 Skokie Blvd.**

Suite, Apt. #, etc.

**Suite 205**

05092008 Chg-LLC CR2E083 (12/06)

City & State

**Weston, FL**

City & State

**Northbrook, IL**

4. FEI Number

**20-0364292**

Applied For

Not Applicable

Zip

**33332**

Country

**USA**

Zip

**60062**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COVERT, JAMES P  
2647 NELSON CT  
WESTON, FL 33332**

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

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

(NOTE: Registered Agent signature required when rebating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Covert, Penny  
STREET ADDRESS 2647 Nelson Ct.  
CITY-ST-ZIP Weston, FL 33332

TITLE MGR ☒ Change ☐ Addition  
NAME Covert, James  
STREET ADDRESS 2647 Nelson Ct.  
CITY-ST-ZIP Weston, FL 33332

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James P. Covert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**5/12/08 954-349-4954**

Date

Daytime Phone #