2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000032920

1. Entity Name
GR PROPERTIES OF KEYSTONE HEIGHTS, LLC

Principal Place of Business	Mailing Address
P.O. BOX 1778	P.O. BOX 1778
KEYSTONE HEIGHTS, FL 32656 US	KEYSTONE HEIGHTS, FL 32656 US

DO NOT WRITE IN THIS SPACE

02062005 No Chg-LLC   CR2E063 (10/03)

4. FEI Number	Applied For
20-0198083	Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, JAMES J JR.
160 MAGNOLIA AVENUE
KEYSTONE HEIGHTS, FL 32656

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	GIBBS, WILLIAM B
STREET ADDRESS	P.O. BOX 1778
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	MGRP
NAME	ROTHWELL, ROGER
STREET ADDRESS	P.O. BOX 548
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
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	

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02/19/05-80026-U06 50.00

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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: _William B. Jebbs_   William B. Gibbs   2-16-05   352-473-4006

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