

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033372

FILED
May 01, 2007
Secretary of State

Entity Name: KEYSTONE PAINTS, LLC

Current Principal Place of Business:

335-A N.E. COMMERCIAL CIRCLE
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

190 S LAWRENCE BLVD
KEYSTONE HEIGHTS, FL 32656 US

Current Mailing Address:

335-A N.E. COMMERCIAL CIRCLE
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

190 S LAWRENCE
KEYSTONE HEIGHTS, FL 32656 US

FEI Number: 20-0206716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NEWELL, PAUL D JR.
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LATNER, LINDA P
Address: 247 ASHLEY DRIVE
City-St-Zip: MELROSE, FL 32666

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LATNER, ROBERT W
Address: 247 ASHLEY LAKE
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA LINDA

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date