2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040522

1. Entity Name

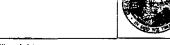
KEITH SPRINGS, LLC

Principal Place of Business 9995 GATE PARKWAY N. SUITE 400

IACKSONVILLE, FL 32246

NAME STREET ADDRESS CITY - ST - ZIP

NAME STREET ADDRESS CITY - ST- ZIP



Mailing Address 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246

FILED Apr 19, 2005 08:00 AM Secretary of State



01102005 No Chg-LLC

CR2E083 (10/03)

5. Certificate of Status Desired		\$5.00 Additional	
20-0337003		Not Applicable	
4. FEI Number	L	Applied For	

6. Name and Address of Current Registered Agent

RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202

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JACKSONVILLE, FL 32202		IN	IN THIS SPACE		
	named entity submits this statement for the purpose of changions of registered agent.	l ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature regulared when reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2005				
9. IIILE NAME STREEI ADDRESS CITY ST-ZIP IIILE NAME SIREEI ADDRESS CITY ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM ITERA TIMBERLAND & DEV. STRATEGIES, LLC 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246 MGR CURRY, PHIL 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246		U00000315925 04/19/05-80049-024 50.00		
THLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE THIS SPACE		
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Nick T. Kavalieros Ros 12805 904-994-8800 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylore Prome P