




**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L03000040522</b>		
1. Entity Name KEITH SPRINGS, LLC		
Principal Place of Business 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246	Mailing Address 9995 GATE PARKWAY N. SUITE 400 JACKSONVILLE, FL 32246	 01102005No Chg-LLC CR2E083 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number 20-0337003		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ITERA TIMBERLAND & DEV. STRATEGIES, LLC 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	U000000315925 04/19/05-80049-024 50.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CURRY, PHIL 9995 GATE PARKWAY N., STE 400 JACKSONVILLE, FL 32246	
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		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  Nick T. Kavalieros, Pres 3/28/05 904-996-8800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #