2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041381

Entity Name: KEIKILAND, LLC

FILED Mar 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

640 NE 31 ST 431 NE 35 ST

C11 5

MIAMI, FL 33137 US MIAMI, FL 33137 US

Current Mailing Address: New Mailing Address:

640 NE 31 ST 431 NE 35 ST

MIAMI, FL 33137 US MIAMI, FL 33137 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DI PALMA, FLAVIA L

640 NE 31 ST 431 N 35 ST C11 5

MIAMI, FL USA US MIAMI, FL 33137,USA 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: FLAVIA DI PALMA 03/15/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 DI PALMA, FLAVIA L
 Name:
 DI PALMA, FLAVIA L

 Address:
 640 NE 31 ST, C11
 Address:
 431 NE 35 ST, APT 5

 City-St-Zip:
 MIAMI, FL 33137 US
 City-St-Zip:
 MIAMI, FL 33137 US

Title: MGR () Delete Title: MGR (X) Change () Addition Name: DI PALMA, DIANA A Name: DI PALMA, DIANA A

 Name:
 DI PALMA, DIANA A
 Name:
 DI PALMA, DIANA A

 Address:
 640 NE 31 ST, C 11
 Address:
 431 NE 35 ST, APT 5

 City-St-Zip:
 MIAMI, FL 33137
 City-St-Zip:
 MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FLAVIA DI PALMA MGR 03/15/2005