

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90211 002 \*\*\*\*50.00

**DOCUMENT # L03000045577**

1. Entity Name  
**KEITH GREEN LLC**



Principal Place of Business  
**3311 CHEVIOT DRIVE  
TAMPA, FL 33618**

Mailing Address  
**3311 CHEVIOT DRIVE  
TAMPA, FL 33618**

**20059919**



2. Principal Place of Business

3. Mailing Address

**22707 Eagles Watch Dr.**  
Suite, Apt. #, etc.

**22707 Eagles Watch Dr.**  
Suite, Apt. #, etc.

05022005 Chg-LLC CR2E083 (10/03)

City & State

**Land O Lakes, Florida**  
Zip **34639** Country **USA**

City & State

**Land O Lakes, Florida**  
Zip **34639** Country **USA**

4. FEI Number

**20-0805409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, KEITH H  
3311 CHEVIOT DRIVE  
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name **Keith H. Green**  
Street Address (P.O. Box Number is Not Acceptable)  
**22707 Eagles Watch Dr.**  
City **Land O Lakes** **FL** Zip Code **34639**

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 September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GREEN, KEITH**  
STREET ADDRESS **3311 CHEVIOT DRIVE**  
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Keith Green**  
STREET ADDRESS **22707 Eagles Watch Drive**  
CITY-ST-ZIP **Land O Lakes, Florida 34639**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #