

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046347

FILED
Sep 04, 2007
Secretary of State

Entity Name: KEITH A. VAN ORDEN, LLC

Current Principal Place of Business:

9 O BOX 4402
HOMOSASSA SPRINGS, FL 34447

New Principal Place of Business:

11 HEMLOCK CT. SOUTH
HOMOSASSA, FL 34446

Current Mailing Address:

9 O BOX 4402
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

P.O. BOX 4402
HOMOSASSA SPRINGS, FL 34447

FEI Number: 20-0412870 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:

VAN ORDEN, KEITH A
11799 W VALLEY SPRING LN
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

VAN ORDEN, KEITH A
11 HEMLOCK CT. SOUTH
HOMOSASSA, FL 34446 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: _____

09/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VAN ORDEN, KEITH A
Address: 11799 W VALLEY SPRING LN
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VAN ORDEN, KEITH A MGR
Address: 11 HEMLOCK CT. SOUTH
City-St-Zip: HOMOSASSA, FL 34446

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: KEITH A. VAN ORDEN

MGR

09/04/2007

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