

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2005 08:00 AM
Secretary of State



DOCUMENT # L03000046815					
1. Entity Name KEITH LANDERS INSTALLATIONS, L.L.C.					
Principal Place of Business 1948 LITTLE WAGES ROAD CHIPLEY FL 32428 US		Mailing Address 1948 LITTLE WAGES ROAD CHIPLEY FL 32428 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0413137 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent LANDERS, DONALD K 1948 LITTLE WAGES ROAD CHIPLEY FL 32428				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
				FL Zip Code	

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDERS, DONALD K		NAME		
STREET ADDRESS	1948 LITTLE WAGES ROAD		STREET ADDRESS		
CITY - ST - ZIP	CHIPLEY FL 32428		CITY - ST - ZIP		

U00000363087
05/05/05-80143-024 50.00

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: Donald K Landers Keith Landers 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #