


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
07 MAY -1 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047057 1. Entity Name WILLIAM MILTON KEELE LLC	
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Principal Place of Business 1804 SKYLAND DR TALLAHASSEE, FL 32303	Mailing Address 1804 SKYLAND DR TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE	BK
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05012007No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0745944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KEELE, WILLIAM M 1804 SKYLAND DR TALLAHASSEE, FL 32303
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEELE, WILLIAM M 1804 SKYLAND DR TALLAHASSEE, FL 32303
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BK 400101628794 05/07/07--01003--007 **\$50.00 DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William Milton Keele *May 1 2007* 850-297-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #