

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90198 032 \*\*\*\*55.00

<b>DOCUMENT # L03000050818</b>	
1. Entity Name <b>DOUGLAS KEENE CARPET SERVICE, LLC</b>	

Principal Place of Business <b>3775 S SUNCOAST BLVD, LOT 20 HOMOSASSA SPRINGS FL 34448</b>	Mailing Address <b>3775 S SUNCOAST BLVD, LOT 20 HOMOSASSA SPRINGS FL 34448</b>
---	---



2. Principal Place of Business <b>1125 W. Buttonbush Dr</b>	3. Mailing Address <b>1125 W. Buttonbush Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>Beverly Hills, FL</b>	City & State <b>Beverly Hills, FL</b>
Zip <b>34465</b>	Zip <b>34465</b>
Country <b>Citrus</b>	Country <b>Citrus</b>

4. FEI Number <b>03-0532134</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KEENE, DOUGLAS 3775 S SUNCOAST BLVD, LOT 20 HOMOSASSA FL 34448</b>	
7. Name and Address of New Registered Agent Name <b>Keene, Douglas</b> Street Address (P.O. Box Number is Not Acceptable) <b>1125 W. Buttonbush Dr</b> City <b>Beverly Hills</b> FL Zip Code <b>34465</b>	

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 *Douglas Keene* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>	
--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEENE, DOUGLAS 3775 S SUNCOAST BLVD, LOT 20 HOMOSASSA SPRINGS FL 34448 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Keene, Douglas 1125 W. Buttonbush Dr Beverly Hills, FL 34465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Douglas W Keene* **2-16-06 352-461-0968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #