

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

| | | | | | | |
|--|--|--|------------------------------------|-------------------------------|---|--|
| DOCUMENT # L04000024632 | |  | | | | |
| 1. Entity Name KEYSTONE SALES & SERVICE LLC | | | | | | |
| Principal Place of Business 4865 SR. 60 EAST LAKE WALES, FL 33898 | | Mailing Address 4865 SR. 60 EAST LAKE WALES, FL 33898 | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent DARTT, DAVID C 4865 SR. 60 EAST LAKE WALES, FL 33898 | | <div> 02022006 No Chg-LLC CR2E083 (11/05)</div> <table border="1"><tr><td>4. FEI Number 20-1160153</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> | 4. FEI Number 20-1160153 | Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 4. FEI Number 20-1160153 | Applied For Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | |
| 000000446078 03/07/06-80075-004 150.00 | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DARTT, DAVID C 4865 SR. 60 EAST LAKE WALES, FL 33898 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 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: <u></u> 2/7/06 863-676-1993 | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | |