## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 24, 2008 8:00 am Secretary of State DOCUMENT # L04000032057 04-24-2008 90022 022 \*\*\*138.75 KEITH PARK DEVELOPERS, LLC Principal Pkyé of Business Mailing Address 520 N. MÁÍN STREET 520 N. MAIN STREET CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-LLC CR2E083 (12/06) City & State 4 FEI Number Applied For City & State 06-1723467 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JERNIGAN, JACK C Street Address (P.O. Box Number is Not Acceptable) 4069 INDÍAN TRAIL DESTIN/FL 32541 City 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 . Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS\*\$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to , ; Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Delete TITLE ☐ Addition TITLE MGRM □ Change JERNIGAN, JACK C NAME NAME Jerniqan, Jack STREET ADDRESS 4069 INDIAN TRAIL STREET ADDRESS 520 N. Main Street CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 Crestview, FL 32536 MGR TITLE ☐ Delete TITLE Txl Change ☐ Addition MGR AUTREY, APRIL L NAME NAME Autrey, April 6124 BEASLEY RD STREET ADDRESS STREET ADDRESS 520 N. Main Street CRESTVIEW FL 32536 CITY-ST-ZIP CITY-ST-ZIP Crestview, FL 32536 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chánge Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

April Autrey

THE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AN

**FILED** 

(850) 423-1117

Daytime Phone #

04-21-08

Date