

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90008 003 ****50.00

DOCUMENT # L04000045873

1. Entity Name
RS KEYSTONE LLC



Principal Place of Business
**C/O REDSTONE INVESTMENTS
5050 BELMONT AVENUE
YOUNGSTOWN, OH 44505**

Mailing Address
**C/O REDSTONE INVESTMENTS
5050 BELMONT AVENUE
YOUNGSTOWN, OH 44505**

2. Principal Place of Business
**14502 N. Dale Mabry Hwy
Suite 333
Tampa, FL 33618**

3. Mailing Address
**N. Dale Mabry Hwy
Suite 333
Tampa, FL 33618**



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
77-0636484

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
Name **Jonathan Schwartz**
Street Address (P.O. Box Number Not Acceptable)
**14502 N. Dale Mabry Hwy
Suite 333
Tampa FL 33618**

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]** **Jonathan Schwartz, MGRM 4/28/06**

(NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JLB SOUTHEAST LLC 5050 BELMONT AVENUE YOUNGSTOWN, OH 44505	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWARTZ, JONATHAN 11729 LAKE KEY DRIVE ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERTZ, PAUL 7510 N MOBLEY ROAD ODESSA, FL 33556	<input checked="" 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	Tandem Holdco 14502 N. Dale Mabry Hwy Suite 333 / Tampa, FL 33618	<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

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: **[Signature]** **Jonathan Schwartz, MGRM, 4/28/06**

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

813-269-9112