

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 23 AM 9:06



<b>DOCUMENT # L04000057867</b> 1. Entity Name <b>KEYSTONE LLC</b>	
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Principal Place of Business <b>5171 7TH AVENUE NORTH ST. PETERSBURG FL 33710 US</b>	Mailing Address <b>POST OFFICE BOX 66871 ST. PETE BEACH FL 33736--687 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

PS

2nd MOORE CR2E083 (5/05)

City & State	City & State	FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>COOK, DONNA 5171 7TH AVENUE NORTH ST. PETERSBURG FL 33710</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 7, 2005

REINSTATEMENT 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	100059902281 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/23/05--01053--011 **50.00
NAME	COOK, DONNA	NAME	
STREET ADDRESS	5171 7TH AVENUE NORTH	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: Donna Cook Date: 9/20/05 Daytime Phone #: 727-214-8451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE