


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90020 017 \*\*\*\*55.00

<b>DOCUMENT # L04000065632</b>	
1. Entity Name <b>KEYS QUALITY HOME SERVICES, LLC</b>	

Principal Place of Business <b>17238 DOLPHIN STREET SUGARLOAF KEY, FL 33042</b>	Mailing Address <b>17238 DOLPHIN STREET SUGARLOAF KEY, FL 33042</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1675745</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BUCKWALTER, DAVID P JR 17238 DOLPHIN STREET SUGARLOAF KEY, FL 33042</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <b>NGAM</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>DAVID P. BUCKWALTER</b> <b>17238 DOLPHIN ST. EAST</b> <b>SUGARLOAF KEY, FL 33042</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *David P Buckwalter Jr.*