


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 06, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000066087</b> 1. Entity Name KEATON BEACH PARTNERS, LLC	
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Principal Place of Business 13410 NW 49TH LANE GAINESVILLE, FL 32606 US	Mailing Address POST OFFICE BOX 308 TRENTON, FL 32693 US
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01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1593926	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BURT, THEODORE M ESQ 114 NE FIRST STREET TRENTON, FL 32693
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORE, FREDRIC R 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, JERRY 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLISON, MATTHEW 13410 NW 49TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JOB 10216 SW 49TH LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIENKE, HAROLD L 213 EAST CHURCH STREET GAINESVILLE, TX 76240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11000000423425  
02/18/06-80007-013 50.00

**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:** JRS 2/2/06 352-331-3066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #