

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90273 041 ****50.00

DOCUMENT # L04000084541					
1. Entity Name THE KEELAND LLC					
Principal Place of Business 15301 MCGREGOR BLVD FT MYERS, FL 33908			Mailing Address 11280 COMPASS POINT DRIVE FT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11460 Longwater Chase			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Myers FL		4. FEI Number 20-2066520 NOT APPLICABLE	
Zip	Country	Zip 33908	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLOUGHBY, JONI 11280 COMPASS POINT DRIVE FT MYERS, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11460 Longwater Chase City Fort Myers FL Zip Code 33908		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR NAME WILLOUGHBY, JOSEPH STREET ADDRESS 11280 COMPASS POINT DRIVE CITY - ST - ZIP FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 11460 Longwater Chase CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Joseph Willoughby			2/13/07 437-2136		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		