


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90130 022 ****50.00

DOCUMENT # L04000085885 1. Entity Name KEYLAND FARMS, LLC					
Principal Place of Business 323 ARROWHEAD LANE MELBOURNE BEACH, FL 32951			Mailing Address 323 ARROWHEAD LN MELBOURNE BEACH, FL 32951		
2. Principal Place of Business 16551 N.E 10TH STREET		3. Mailing Address 16551 N.E 10TH STREET			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WILLISTON, FL		City & State WILLISTON, FL		4. FEI Number 20-1934310	
Zip 32696		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHBURN, ERNEST R 323 ARROWHEAD LANE MELBOURNE BEACH, FL 32951			7. Name and Address of New Registered Agent Name WASHBURN, ERNEST R Street Address (P.O. Box Number is Not Acceptable) 9355 N. ALDER AVE City CRYSTAL RIVER FL Zip Code 34428		
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 <u><i>Ernest R. Washburn</i></u> 2/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WASHBURN, ERNEST R 323 ARROWHEAD LN MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSTELLO, JACQUELINE 323 ARROWHEAD LN MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <u><i>Ernest R. Washburn</i></u> 2/14/06 352-795-9950 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					