

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90113 035 ***143.75

DOCUMENT # L05000009363

1. Entity Name
KEVA RESORT HOMES, LLC



Principal Place of Business
**450 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

Mailing Address
**AMA C/O D. GRAYSON
450 CARILLON PARKWAY STE 200
ST. PETERSBURG, FL 33716**

50003535



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**do D. GRAYSON
GenSpring Family Offices
450 Carillon Parkway
Suite 200
St. Petersburg, FL 33716**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

St. Petersburg, FL 33716

04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2254781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAYSON, DARLENE
450 CARILLON PARKWAY
ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

Name **D. GRAYSON**
Street Address (P.O. Box Number is Not Acceptable)
**GenSpring Family Offices
450 Carillon Parkway
Suite 200
St. Petersburg, FL 33716**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MOREAN, WILLIAM D
520 4TH ST NORTH
SAINT PETERSBURG, FL 33701**

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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:

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

Date

Daytime Phone #

4-10-08