

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026970

Entity Name: VANKEEF FINANCIAL, LLC

FILED  
May 21, 2006  
Secretary of State

**Current Principal Place of Business:**

202 E 1ST ST SUITE H  
SANFORD, FL 32771

**New Principal Place of Business:**

106 E 1ST ST SUITE 230  
SANFORD, FL 32771

**Current Mailing Address:**

202 E 1ST ST SUITE H  
SANFORD, FL 32771

**New Mailing Address:**

106 E 1ST ST SUITE 230  
SANFORD, FL 32771

FEI Number: 20-2572776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEEFAUVER, PATRICK I  
422 GRANDVIEW AVE N.  
SANFORD, FL, FL 32771      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: KEEFAUVER, PATRICK I  
Address: 202 E 1ST ST SUITE H  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: KEEFAUVER, PATRICK I  
Address: 106 E 1ST ST SUITE 230  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK KEEFAUVER

MR

05/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date