


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000027276</b> 1. Entity Name C.M. KEISTER, L.L.C.	
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Principal Place of Business 1017 BELMAR AVE N.W. PORT CHARLOTTE, FL 33948	Mailing Address 1017 BELMAR AVE N.W. PORT CHARLOTTE, FL 33948
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**DO NOT WRITE IN THIS SPACE**



03212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2576732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KEISTER, CHARLES M  
1017 BELMAR AVE N.W.  
PORT CHARLOTTE, FL 33948

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000673948  
04/03/07-80017-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEISTER, CHARLES M 1017 BELMAR AVE. NW PORT CHARLOTTE, FL 33948
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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:** Charles M. Keister **3/21/07** **941-625-3275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #