

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037166

Entity Name: KEYSTONE INVESTORS LLC

FILED  
Apr 01, 2007  
Secretary of State

**Current Principal Place of Business:**

12238 PEACH ORCHARD DRIVE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12238 PEACH ORCHARD DRIVE  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 41-2180154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ODOM, JOHN G  
12238 PEACH ORCHARD DRIVE  
JACKSONVILLE, FL 32223 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: MGRM ( ) Delete  
Name: ODOM, JOHN G  
Address: 12238 PEACH ORCHARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM ( ) Delete  
Name: EDENFIELD, PAUL B  
Address: 1700 FRUIT COVE WOODS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ODOM, JOHN G  
Address: 12238 PEACH ORCHARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM (X) Change ( ) Addition  
Name: ODOM, PAULA M  
Address: 12238 PEACH ORCHARD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

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: JOHN G. ODOM

MGR

04/01/2007

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