


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90029 015 \*\*\*\*50.00

**DOCUMENT # L05000042079**

1. Entity Name  
**KEITH CONSTRUCTION LLC**



Principal Place of Business      Mailing Address  
**10822 SE 90TH CT.**      **10822 SE 90TH CT.**  
**BELLEVUE, FL 34420 US**      **BELLEVUE, FL 34420 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number      Applied For  
**56-2510877**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**KEITH, PATRICK O**  
**10822 SE 90TH CT.**  
**BELLEVUE, FL 34420**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KEITH, PATRICK O</b> <b>10822 SE 90TH CT.</b> <b>BELLEVUE, FL 34420</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_      Date: **3/14/06**      Daytime Phone #: **352 691 2638**

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