
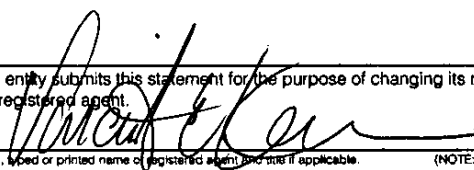
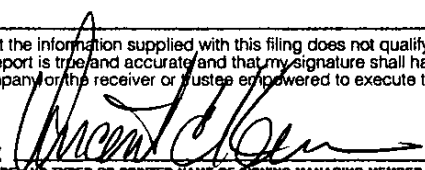


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90064 002 \*\*\*\*55.00

<b>DOCUMENT # L05000052400</b> 1. Entity Name <b>VINCENT KEENAN, REALTORS, LLC</b>					
Principal Place of Business <b>102 WEST CENTRAL BOULEVARD CAPE CANAVERAL, FL 32920</b>			Mailing Address <b>102 WEST CENTRAL BOULEVARD CAPE CANAVERAL, FL 32920</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>516 Barrello Lane</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Cocoa Bch, FL</b> Zip      Country <b>32931</b>		4. FEI Number <b>223880784</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KEENAN, VINCENT E SR 6770 RIDGEWOOD AVENUE UNIT 1104 COCOA BEACH, FL 32931</b>			7. Name and Address of New Registered Agent Name <b>Vincent E Keenan</b> Street Address (P.O. Box Number is Not Acceptable) <b>516 Barrello Lane</b> City <b>Cocoa Bch</b> <b>FL</b> Zip Code <b>32931</b>		
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  DATE <b>3/29/06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEENAN, VINCENT E SR 102 WEST CENTRAL BOULEVARD CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Keenan, Vincent E 516 Barrello Lane Cocoa Bch, FL 32931
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <b>3/29/06</b>		Daytime Phone # <b>(321) 693-0187</b>