

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075838

FILED
Jul 11, 2006
Secretary of State

Entity Name: KEYSTONE DEVELOPMENT OF NAPLES, LLC

Current Principal Place of Business:

1253 PINE COURT
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1253 PINE COURT
NAPLES, FL 34102

New Mailing Address:

FEI Number: 02-0750617 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:

Name and Address of New Registered Agent:

RAPP, CHRISTOPHER R
1253 PINE COURT
NAPLES, FL 34102 US

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: RAPP, CHRISTOPHER R
Address: 1253 PINE COURT
City-St-Zip: NAPLES, FL 34102

Title: MGR () Delete
Name: HURLBUT, JOHN R
Address: 6353 N. FERGUSON AVE.
City-St-Zip: INDIANAPOLIS, IN 46220

Title: MGR () Delete
Name: KELLER, DARREN P
Address: 825 E. GOLF ROAD STE. 1135
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER R. RAPP

MGR

07/11/2006

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