2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000014427

Entity Name: KEYSTONE PROPERTIES, L.L.C.

Current Principal Place of Business:

1375 JACKSON STREET, STE. 401
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

1375 JACKSON STREET, STE. 401
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 20-4330449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD, BLDG. 100
JACKSONVILLE, FL 32256 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: SCHOLL, TOM
Address: 1375 JACKSON STREET
City-St-Zip: FT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: SCHOLL, TONY L
Address: 1375 JACKSON STREET, SUITE 401
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM ( ) Change (X) Addition
Name: SCHIPP, JANE
Address: 1375 JACKSON STREET, SUITE 401
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify 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: TOM SCHOLL MGRM 01/15/2009

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