

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078209

Entity Name: KEYTHINGS LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

4840 NE 10TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

4840 NE 10TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 35-2275527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, TERRY
4840 NE 10TH STREET
OCALA, FL 34470 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: DENNISON, SCOTT A
Address: 3355 S. KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811 US

Title: MGRM () Delete
Name: STETZINGER, JOHN A
Address: 2113 MORRILTON CT
City-St-Zip: OCALA, FL 32837 US

Title: MGRM () Delete
Name: BEYER, TERRY
Address: 4840 NE 10TH ST
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DENNISON, SCOTT A
Address: 10177 MASON DIXON CIR
City-St-Zip: ORLANDO, FL 32821 US

Title: MGRM (X) Change () Addition
Name: STETZINGER, JOHN A
Address: 2113 MORRILTON CT
City-St-Zip: ORLANDO, FL 32837 US

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

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: TERRY BEYER

MGRM

04/26/2007

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