2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8/2007-90116-049-$50.00-$50.00

DOCUMENT # L06000089505

1. Entity Name
TYSON KEEVER LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 19 AM 10:52
C0049902

04202007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433	23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5591 N winston park Blvd	5591 N winston park Blvd
Suite, Apt. #, etc.: Apt # 206	Suite, Apt. #, etc.: apt # 206
City & State: Coconut creek FL	City & State: Coconut creek FL
Zip: 33073 Country:	Zip: 33073 Country:

4. FEI Number: N/A ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TYSON, KEEVER 23157 OLD INLET BRIDGE DR BOCA RATON, FL 33433	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: Tyson K DATE: 5-3-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KEEVER, TYSON 23157 OLD INLET BRIDGE RD BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Tyson Keever 5591 N winston park Blvd Apt # 206 Coconut creek FL 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Tyson Keever 5-3-07 954-415-8519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #