



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90011 023 ****50.00

| | | | | | |
|---|---|--------------------------------|---|---|--|
| DOCUMENT # L06000095090 | | | |  | |
| 1. Entity Name FRED KELLER CONSTRUCTION LLC | | | | | |
| Principal Place of Business 122 EDGEWATER CIR SANFORD FL 32773 | | | Mailing Address 122 EDGEWATER CIR SANFORD FL 32773 | | |
| FRED KELLER 122 EDGEWATER CIR, | | |  | | |
| 2. Principal Place of Business - No P.O. Box # 150 ROSE HILL TRL | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. SANFORD | | Suite, Apt. #, etc. SANFORD | | | |
| City & State FLA | | City & State FLA | | | |
| Zip 32773 | Country SEMINOLE | Zip 32771 | Country SEMINOLE | 4. FEI Number 200685736 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA PA 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145 | | | 7. Name and Address of New Registered Agent Name: SAME 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: <i>Fred Keller</i> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRT KELLER, FRED 122 EDGEWATER CIR SANFORD FL 32773 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PARSONS, THOMAS 122 EDGEWATER CIR SANFORD FL 32773 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| 10. ADDITIONS/CHANGES | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | | | | |
| 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: <i>Fred Keller</i> July 17-07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |