


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000104968</b> 1. Entity Name GREGORY A. KEYES, LLC	
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Principal Place of Business 4325 CARLYSLE AVENUE TITUSVILLE, FL 32780 US	Mailing Address 4325 CARLYSLE AVENUE TITUSVILLE, FL 32780 US
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**DO NOT WRITE IN THIS SPACE**



04232008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2618680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KEYES, GREGORY A SR. 4325 CARLYSLE AVENUE TITUSVILLE, FL 32780
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

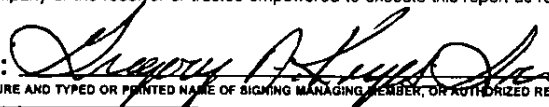
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEYES, GREGORY A SR. 4325 CARLYSLE AVENUE TITUSVILLE, FL 32780
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000000921346  
05/15/08-80003-003 138.75

**DO NOT WRITE  
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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:  (321)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4/23/08 289-4250  
Daytime Phone #