2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State

DOCUMENT # L07000031422 1. Entity Name KEEL PLAZA, LLC						03-07-2008 9	00223 04	5 ***143	.75
Principal Place of Business 493 BEAR CREEK ROAD QUINCY, FL 32351		Mailing Address 493 BEAR CREEK ROAD QUINCY, FL 32351				;			88f 47) (88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		03042008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State			4. FEI Number 20-8	742249	·		plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	f Status Desired		5.00 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered A	gent	
		Name							
FRANCE, BELINDA T ESQ. 1625 SUMMIT LAKE DRIVE, #240 TALLAHASSEE, FL 32317				Street Address (P.O. Box Number is Not Acceptable)					
				City	 _		FL	Zip Code	,
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flor	ida. I am fa	amiliar with,	and accept
SIGNATURE									
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75	,				Make		yable to- nt of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Defete	TITLE		RM	_		Change	☐ Addition
NAME	KEEL, JAMES D		NAM		1, James				
STREET ADDRESS	493 BEAR CREEK ROAD		STRE	EE1 ADORESS 762		1/	מנו		
CITY-SI-ZIP	QUINCY, FL 32351		BITM		- Potter u	voosberry	DQ		
TITLE			_	-SI-AP Hav	ana, FL	. 32333	na.		
	MGR	☐ Delete	ŦITLE	E MG	rana, FL R	. 32333	ng.	Change ■ Change	Addition
NAME CIRCULADDROCCO	WATSON, MICHAEL S	☐ Delete	TITLE NAME	FE Wat	<u>ana, Fl</u> R Eson, Mi	. 32333 chael S.	<i>⊓a</i> ;-	Change	Addition
STREET ADDRESS	WATSON, MICHAEL S 493 BEAR CREEK ROAD	☐ Delete	TITLE NAM STRE	EET ADDRESS 435	lana, FL R tson, Mi Bear Cr	2333 chael S. eeK Rd	n <i>a</i> -	Change	Addition
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11. I nereby certify that the information supplied with this limit does not qualify for the exemptions containing to it is 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: Wighthe K. Watson Dianne, K. Wotson 3-5-2008 (850) 875-4500

Diagnature and typed or printed name of signing managing member, manager, or authorized representative Date Date