2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L07000031422

Entity Name: KEEL PLAZA, LLC

Current Principal Place of Business:

493 BEAR CREEK ROAD
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

493 BEAR CREEK ROAD
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-8742249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANCE, BELINDA T ESQ.
1625 SUMMIT LAKE DRIVE, #240
TALLAHASSEE, FL 32317 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: KEEL, JAMES D
Address: 792 POTTER WOODBERRY RD
City-St-Zip: HAVANA, FL 32333

Title: MGR ( ) Delete
Name: WATSON, MICHAEL S
Address: 435 BEAR CREEK RD
City-St-Zip: QUINCY, FL 32351

Title: MGRM ( ) Delete
Name: WATSON, DIANNE K
Address: 493 BEAR CREEK ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES:

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

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

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: DIANNE K. WATSON MGRM 03/11/2009

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