

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119149

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** KEYSTONE MARKETING INTERNATIONAL, LLC

**Current Principal Place of Business:**

1446 RIDGE LAKE COURT  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 93340  
LAKELAND, FL 33804

**New Mailing Address:**

1446 RIDGE LAKE COURT  
LAKELAND, FL 33801

FEI Number: 61-1546522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAILEY, MARCIA  
1446 RIDGE LAKE COURT  
LAKELAND, FL 33801      US

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: BAILEY, MARCIA  
Address: P. O. BOX 93340  
City-St-Zip: LAKELAND, FL 33804

Title: MGRM ( ) Delete  
Name: BAILEY, COLLIN  
Address: P. O. BOX 93340  
City-St-Zip: LAKELAND, FL 33804

**ADDITIONS/CHANGES:**

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: COLLIN BAILEY

MGRM

05/01/2008

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