


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90152 032 ****50.00

DOCUMENT # L98000001927

1. Entity Name
KEYSTONE PAVERS, L.C.



Principal Place of Business
**134 EAST MCKENZIE ST
 PUNTA GORDA FL 33951**

Mailing Address
**P.O. BOX 511928
 PUNTA GORDA FL 33951**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business
**1198 Enterprise Dr.
 Suite, Apt. #, etc. Unit 6
 City & State Ft. Charlotte, FL
 Zip 33954 Country Charlotte**

3. Mailing Address
**P.O. Box 381283
 Suite, Apt. #, etc.
 City & State Murdock, FL
 Zip 33938 Country Charlotte**

4. FEI Number **65-0868251** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**ALDRICH, SHERWOOD
 4471 SNOWDROP
 NORTH PORT FL 32488**

7. Name and Address of New Registered Agent
 Name _____
 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 *[Signature]* DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALDRICH, SHERWOOD E	
STREET ADDRESS	4471 SNOWDROP	
CITY-ST-ZIP	NORTH PORT FL 32488	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRASER, DONALD JR	
STREET ADDRESS	2157 ROANOKE RD	
CITY-ST-ZIP	NORTH PORT FL 34288	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE **2-1-05** DAYTIME PHONE # **941-627-0853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #