L9800001942 FII

DOCUMENT #

1. Entity Name

P & S KEYES, L.L.C.

Principal Place of Business	Mailing Address	
415 SUE STREET HOUSTON TX 77009	415 SUE STREET HOUSTON TX 77009-2644	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. M	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State C			City & State			4 . F	4. FEI Number 65-0908978					ed For	
Zip	Country Zi		Zip Country		itry	5 Cartificate of Status Desired St					Not Applicable 5.00 Additional se Required		
	6. Name	and Address of Co	urrent Registe	ered Agent	L	Γ -	7. N	ame	and Address of New R				
			<u>-</u>			Name	-						
SABA, RICHARD D ESQ.						Street Address (P.O. Box Number is Not Acceptable)							
2033 MAIN STREET, SUITE 303													
SARASOTA	A FL 34237	•				j			•				ļ
						City				FL	Zip (Code	
8. The above	named entity	y submits this staten	nent for the pu	rpose of changing its	registere	ed office or	registered age	ent, o	or both, in the State of Flo	rida.	.,	<u>-</u>	
SIGNATURE .	Signature, typed	or printed name of registers	ed agent and title if a	applicable. (NOT	: Registere	d Agent signatu	re required when rei	nstatin	ng)	DATE	****		
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				Make Check Pa	yable t	o Departi	nent of Stat	e					[
9.		MANAGING	MEMBERS/ME	L EMBERS	10.		<u> </u>		ADDITIONS/	CHANGES			
TITLE	MGRM			☐ Delete	TITL	E		_			☐ Chan	ge	Addition
NAME	KEYES, PA				MAM								Ì
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11. hereby	ertify that the	e information supplie	ed with this filing	ng does not qualify fo	the exe	mption stat	ed in Section 1	19.0	07(3)(i), Florida Statutes.	I further cer	tify that t	he info	rmation

11. 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

× 4/6/00

Daytime Phone #