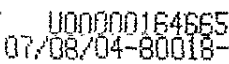


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001942		
1. Entity Name P & S KEYES, L.L.C.		
Principal Place of Business 5941 GULF OF MEXICO DR LONGBOAT KEY, FL 34228		Mailing Address 5941 GULF OF MEXICO DR LONGBOAT KEY, FL 34228
DO NOT WRITE IN THIS SPACE		
		 07062004No Chg-LLC CR2E083 (10/03)
		4. FEI Number 65-0908978
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SABA, RICHARD D ESQ. 2033 MAIN STREET, SUITE 303 SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by September 8, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYES, PAUL 5941 GULF OF MEXICO DR LONGBOAT KEY, FL 34228	 07/08/04-80018-006 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(f), 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: <u>X Paul Keyes</u> x 7/6/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		