


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 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
---	---



07112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEYES, PAUL 5941 GULF OF MEXICO DR LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000374342
07/25/05-80006-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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: X *Paul L Keyes* **DATE:** X 7/19/05 **DAYTIME PHONE #:** 9413837371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE