## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9900003594

1. Entity Name

KEYSTONE COMMERCIAL, L.L.C.



May 01, 2003 8:00 am Secretary of State
05-01-2003 90077 001 \*\*\*\*50.00

BONTA SPRINGS R. 31134  2. Principal Place of Business  Sulto, Apt. #, etc.  Sulto, Apt. #, etc.  City & State  South Application for Indian of State Desired  South Application for Indian Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  City & State  Ci						See WE TO	<b>'</b>					
SUITO, APIL 4, etc.  SUITO, APIL 4, etc.  SUITO, APIL 4, etc.  City & State  A. FEI Number 59-3609512  No. Applicator of Status. Desired  St. Certificate of Status. Desired  St. Certificate of Status. Desired  St. Certificate of Status. Desired  Address of Current Registered Agent  7. Name and Address of New Registered Agent  CARLICK, THOMAS B  SSS1 RIDGEWOOD DRIVE  SUITE 101  NAPIES FL 34108  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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Agent or printed agent age	Principal Place of Business 2486) BURNT PINE DR BONITA SPRINGS FL 34134			24860 BURNT PINE DR				1. A.				
SUITO, APIL 4, etc.  SUITO, APIL 4, etc.  SUITO, APIL 4, etc.  City & State  A. FEI Number 59-3609512  No. Applicator of Status. Desired  St. Certificate of Status. Desired  St. Certificate of Status. Desired  St. Certificate of Status. Desired  Address of Current Registered Agent  7. Name and Address of New Registered Agent  CARLICK, THOMAS B  SSS1 RIDGEWOOD DRIVE  SUITE 101  NAPIES FL 34108  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 Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature Agent or printed agent age	2 Principal P	lace of Business	<del></del>	3 Mailing Address			_					
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Note adjoined to display   Zip   Country   St. Certification of Status Desired   S. Out Additional Text Properties of Country   St. Certification of Status Desired   S. Out Additional Text Properties   S. Certification of Status Desired   S. Out Additional Text Properties   S. Certification of Status Desired   S. Out Additional Text Properties   S. Certification of Status Desired   S. Certification of New Registered Agent	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
E. Name and Address of Current Registered Agent  GARLICK, THOMAS B \$551 RIDGEWOOD DRIVE SUITE 101 NAPIES FL 34108  City FL  City FL  Zip Codo  City FL  Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, ano accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, ano accept the obligations of registered agent.  SIGNATURE  SIGNATURE  MANAGING MEMBERS/MANAGERS  IO. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  IO. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  IO. ADDITIONS/CHANGES  STREET MORES  STREET M	City & State			City & State				4. FEI Number 59-3609512			<del></del>	
GARLICK, THOMAS B \$551 RIDGEWOOD DRIVE SUITE 101 NAPLES FL 34108	Zip Country			Zip Country				5. Certificate of Status Desired   \$5.00 Additional Fee Required				
GARLICK, THOMAS B 5551 RIDGEWOOD DRIVE SUITE 101 NAPLES FL 34108  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  TOTAL Nyrois or princip name of registered agent and the Engineering Name of Registered Agent Signature required Agent Signature					7. Name an	d Address of N	lew Registered	Agent				
SSTEPE ADDRESS SUITE 101 NAPLES FL 34108  City FL  City F	GAR	-	Name									
NAPLES FL 34108  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 farmiliar with, and accept the obligations of registered agent.  SIGNATURE  Regrative, typed or prease name of registered agent are date if agelectable.  ROW:  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MUST.  STIEET ADDRESS  DUTY-ST-2P  BONITA SPRINGS FL 34134  TITLE  MUST.  TITLE  MUST.  FASCO, John W  STREET ADDRESS  CITY-ST-2P  Delete  TITLE  MUST.  STREET ADDRESS  CITY-ST-2P  TITLE  MUST.  STREET ADDRESS  CITY-ST-2P  TITLE  MUST.  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MUST.  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  MUST.  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  Delete  TITLE  Delete	5551	RIDGEWOOD DI		Street Address			ess (P.C	(P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, byear or printed name of registered agent und title it applicable.   (NOTE Registered Agent signature required when reinitisticing)   DATE												
the obligations of registered agent.  SIGNATURE    Signature typed or printed name of registered agent and title if application.   (NOTE Registered Apent signature required when reintrater)   DATE						City				F	L Zip Cod	de
Signature, hyped or printed ragent end tell applicable. (NOTE: Registered appart signature reginated regin				ne purpose of changing its	registere	ed office or regi	jistered	agent, or bo	oth, in the State	of Florida. I am	familiar with,	and accept
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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 REQUIRED L. DINIS MACE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-63

Date

239-498-4560

Daytime Phone #