
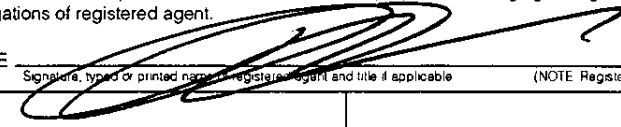


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90070 009 50.00

DOCUMENT # L99000008682			
1. Entity Name KEITH & BALLBE PROSPECT, L.C.			
Principal Place of Business 2201 W. PROSPECT ROAD SUITE 100 FORT LAUDERDALE, FL 33309		Mailing Address P.O. BOX 1017 BOYNTON BEACH, FL 33425	
2. Principal Place of Business - No P.O. Box # 641 Shore Drive		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach FL		City & State	
Zip 33435	Country Palm Beach	Zip	Country
6. Name and Address of Current Registered Agent STONE, ADELE I ESQ 100 SE 3RD AVE STE 1400 FORT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Jonathan W Keith Street Address (P.O. Box Number is Not Acceptable) 641 Shore Drive City Boynton Beach FL Zip Code 33435	
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 		DATE 2/21/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEITH, JONATHAN W 641 SHORE DR. BOYNTON BEACH, FL 33345 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALLBE, CARLOS J 4401 W. TRADEWINDS AVE #201 LAUDERDALE BY THE SEA, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/21/07

Date

954.914.8109

Daytime Phone #