


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000393
1. Entity Name
KEYSTONE INDUSTRIES, LLC



Principal Place of Business Mailing Address
1375 JACKSON STREET, SUITE 401 1375 JACKSON STREET, SUITE 401
FORT MYERS, FL 33901 FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE



02022004 No Cfg-LLC CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 52-1919710 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCHOLL, TOM
1375 JACKSON STREET
FORT MYERS, FL 33901

**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 May 1, 2004**

L000000086189
03/12/04-80012-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCHOLL, TOM 1375 JACKSON STREET FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BRYSON, JOHN 1375 JACKSON STREET FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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)(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: John Bryson 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #