


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 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



02222008 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
52-1919710 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00
Due by May 1, 2006

D. 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
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04/18/06-80052-017 50.00

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IN THIS SPACE**

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: *John Bryson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____