


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90051 038 \*\*\*\*50.00

<b>DOCUMENT # L05000030685</b>		
1. Entity Name <b>KELLBIND PROPERTIES, LLC</b>		
Principal Place of Business <b>C/O KELLY, PASSIDOMO, ET AL 2640 GOLDEN GATE PARKWAY, #305 NAPLES, FL 34105-3203</b>	Mailing Address <b>C/O KELLY, PASSIDOMO, ET AL 2640 GOLDEN GATE PARKWAY, #305 NAPLES, FL 34105-3203</b>	

30001055



c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 Naples, FL 34103	c/o Kelly, Passidomo, Alba & Cassner, LLP 2390 Tamiami Trail North Suite 204 Naples, FL 34103
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01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>70-2703396</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent												
<b>CASSNER, CURTIS B</b> 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34105	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td><td style="padding: 2px;"><b>Cassner, Curtis B</b></td></tr> <tr><td style="padding: 2px;">Street Address</td><td style="padding: 2px;"><b>Kelly, Passidomo, Alba &amp; Cassner, LLP</b></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"><b>2390 Tamiami Trail North</b></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"><b>Suite 204</b></td></tr> <tr><td style="padding: 2px;">City</td><td style="padding: 2px;"><b>Naples, FL 34103</b></td></tr> <tr><td style="padding: 2px;">Zip Code</td><td style="padding: 2px;"></td></tr> </table>	Name	<b>Cassner, Curtis B</b>	Street Address	<b>Kelly, Passidomo, Alba &amp; Cassner, LLP</b>		<b>2390 Tamiami Trail North</b>		<b>Suite 204</b>	City	<b>Naples, FL 34103</b>	Zip Code	
Name	<b>Cassner, Curtis B</b>												
Street Address	<b>Kelly, Passidomo, Alba &amp; Cassner, LLP</b>												
	<b>2390 Tamiami Trail North</b>												
	<b>Suite 204</b>												
City	<b>Naples, FL 34103</b>												
Zip Code													

8. The above named entity submits this statement for the purpose of changing its registered office or the obligati  
 SIGNATURE Curtis B. Cassner, Attorney 10 January 2006  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGR KELLY, CHARLES M JR. <input type="checkbox"/> Delete	TITLE NAME	Same Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2640 GOLDEN GATE PARKWAY, #305	STREET ADDRESS	Same Name
CITY - ST - ZIP	NAPLES, FL 341053203	CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	c/o Kelly, Passidomo, Alba & Cassner, LLP <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	2390 Tamiami Trail North
CITY - ST - ZIP		CITY - ST - ZIP	Suite 204 Naples, FL 34103
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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 comp  
 were to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Curtis B. Cassner **Curtis B. Cassner** 10 January 2006 239 261 3453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT  
30001055

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2006

KELLBIND PROPERTIES, LLC  
C/O KELLY, PASSIDOMO, ET AL  
2640 GOLDEN GATE PARKWAY, #305  
NAPLES, FL 34105-3203

Subject: KELLBIND PROPERTIES, LLC

Reference Number: L05000030685

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION