

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90138 022 ****50.00

DOCUMENT # L05000030685 1. Entity Name KELLBIND PROPERTIES, LLC			
Principal Place of Business C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TR NORTH SUITE 204 NAPLES, FL 34103		Mailing Address C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TR NORTH SUITE 204 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # C/O Kelly, Passidomo and Alba, LLP Suite, Apt. #, etc.		3. Mailing Address C/O Kelly, Passidomo and Alba, LLP Suite, Apt. #, etc.	
City & State Naples, FL Suite 204		City & State Naples, FL Suite 204	
Zip 34103		Zip 34103	
Country USA		Country USA	
4. FEI Number 20-2703396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Kathleen C. Passidomo		Name Kathleen C. Passidomo	
Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail North, Suite 204		Street Address (P.O. Box Number is Not Acceptable) 2390 Tamiami Trail North, Suite 204	
City Naples		City Naples	
State FL		State FL	
Zip Code 34103		Zip Code 34103	
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 January 17, 2007	
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 MGR	NAME KELLY, CHARLES M JR.	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 2390 TAMiami TR NORTH SUITE 204	CITY-ST-ZIP NAPLES, FL 34103	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		DATE: January 17, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 239 261-3453	