


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90015 027 ***138.75

DOCUMENT # L05000030685

1. Entity Name
KELLBIND PROPERTIES, LLC



Principal Place of Business Mailing Address

C/O KELLY, PASSIDOMO, AND ALTA, LLP C/O KELLY, PASSIDOMO, AND ALTA, LLP
 2390 TAMiami TR NORTH SUITE 204 2390 TAMiami TR NORTH SUITE 204
 NAPLES, FL 34103 NAPLES, FL 34103


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

C/O Kelly, Passidomo, and Alba, LLP **C/O Kelly, Passidomo, and Alba, LLP**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60001698



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-2703396 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

PASSIDOMO, KATHLEEN C
 23090 TAMiami TRAIL NORTH
 SUITE 204
 NAPLES, FL 34103

Name
 Street Address (P.O. Box Number is Not Acceptable)
2390 Tamiami Trail North, Suite 204
 City **FL** Zip Code

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.

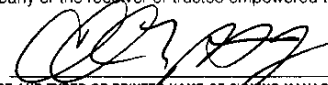
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, CHARLES M JR. 2390 TAMiami TR NORTH SUITE 204 NAPLES, FL 34103 <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:  **Charles M. Kelly, Jr.** **Jan. 9, 2008** **239 261 3453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #