


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000034487  
 1. Entity Name  
 KELLPASSNER LLC



Principal Place of Business C/O KELLY, PASSIDOMO, ALBA, LLP 2390 TAMIAMI TRAIL NORTH, SUITE 204 NAPLES, FL 34103	Mailing Address C/O KELLY, PASSIDOMO, ALBA, LLP 2390 TAMIAMI TRAIL NORTH, SUITE 204 NAPLES, FL 34103
---	---



01082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2703429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 KELLY, CHARLES M JR.  
 KELLY, PASSIDOMO, ALBA, LLP  
 2390 TAMIAMI TRAIL NORTH, SUITE 204  
 NAPLES, FL 34103

**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 \_\_\_\_\_

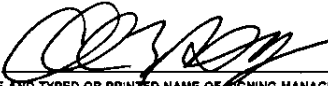
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, CHARLES M JR. 2390 TAMIAMI TRAIL NORT, STE 204 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSIDOMO, KATHLEEN C 2390 TAMIAMI TRAIL NORTH, STE 240 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789311  
 01/16/08-80009-011 138.75

**DO NOT WRITE 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:  Charles M. Kelly, Jr. Jan. 9, 2008 <sup>239 201</sup> <sub>3453</sub>

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