

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034487

FILED
Jan 22, 2009
Secretary of State

Entity Name: KELLPASSNER LLC

Current Principal Place of Business:

C/O KELLY, PASSIDOMO, ALBA, LLP
2390 TAMIAMI TRAIL NORTH, SUITE 204
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O KELLY, PASSIDOMO, ALBA, LLP
2390 TAMIAMI TRAIL NORTH, SUITE 204
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2703429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, CHARLES M JR.
KELLY, PASSIDOMO, ALBA, LLP
2390 TAMIAMI TRAIL NORTH, SUITE 204
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLY, CHARLES M JR.
Address: 2390 TAMIAMI TRAIL NORT, STE 204
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: PASSIDOMO, KATHLEEN C
Address: 2390 TAMIAMI TRAIL NORTH, STE 240
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

M

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date