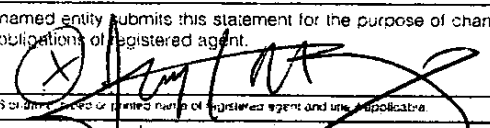
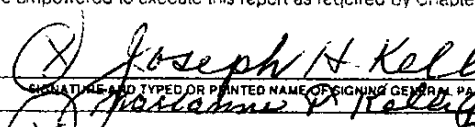
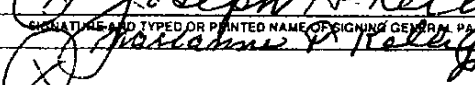


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A00000001067 1. Entity Name: KELLY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 101 LITTLE ASTON WILLIAMSBURG VA 23188			Mailing Address 101 LITTLE ASTON WILLIAMSBURG VA 23188		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1035152	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, JOSEPH H 4835 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			7. Name and Address of New Registered Agent Name Joseph Naimy Street Address (P.O. Box Number is Not Acceptable) 6320 VENTURE DRIVE - Suite 104 City BRADENTON FL Zip Code 34202		
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  4/03/08					
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KELLY, JOSEPH H 101 LITTLE ASTON WILLIAMSBURG VA 23188		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KELLY, MARIANNE T 101 LITTLE ASTON WILLIAMSBURG VA 23188		STREET ADDRESS CITY-ST-ZIP	500134355525 08/12/08--01006--017 **500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE:  JOSEPH H. KELLY APR. 8, 2008 757-258-3130  MARIANNE T. KELLY APR. 8, 2008					

FILED

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STATE OF FLORIDA



STAPLE CHECK HERE