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

DOCUMENT # A00000001067

1. Entity Name
KELLY FAMILY LIMITED PARTNERSHIP

FILED
08 AUG -6 PM 1:51

Principal Place of Business	Mailing Address
101 LITTLE ASTON WILLIAMSBURG VA 23188	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

1st MOORE CR2E003 (10/07)

4. FEI Number 65-1035152 — Applied For / Not Applicable

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 Najmy
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 (X) [signature] Signature, typed or printed name of registered agent and title if applicable — DATE 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
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DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

STAPLE CHECK HERE

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: (X) Joseph H. Kelly JOSEPH H. KELLY APR. 8, 2008 757-258-3730
(X) Marianne T. Kelly MARIANNE T. KELLY APR. 8, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Business Phone #