


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002587</b>	
1. Entity Name <b>KELLEY HOLDINGS, LLC</b>	

Principal Place of Business <b>601 W. SEMINOLE BLVD. SANFORD, FL 32771 US</b>	Mailing Address <b>4044 W. LAKE MARY BLVD., #104 PMB# 429 LAKE MARY, FL 32746 US</b>
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01122006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> 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**

**KELLEY, CHRISTOPHER E MGRM  
601 W. SEMINOLE BLVD.  
SANFORD, FL 32771**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, CHRISTOPHER E 601 W. SEMINOLE BLVD. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, KATHY K 601 W. SEMINOLE BLVD. SANFORD, FL 32771
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04/20/06-80065-024 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1-23-06 (407) 322-6865**

Date

Daytime Phone #