2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90164 028 ****50.00

DOCUMENT # L01000016643

1. Entity Name
KELLEY SPRINGS, LLC

Principal Place of Business	Mailing Address
1236 POCANTICO LANE NAPLES, FL 34110	P.O BOX 110175 NAPLES, FL 34108

02032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
538 FAIRWAY TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES, FL.		City & State	
Zip: 34103	Country: US	Zip	Country

4. FEI Number: 59-3752955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAWSON, LINDA A 866 99TH AVE. NORTH, STE. 1 NAPLES, FL 34108	Name: JOHN W. PAYNE Street Address (P.O. Box Number is Not Acceptable): 538 FAIRWAY TERRACE City: NAPLES FL Zip Code: 34103

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. JOHN W. PAYNE

SIGNATURE [signature] 2/3/04
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, 2004

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, MACK W 1236 POCANTICO LANE NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAYNE MACK W. 2610 70TH ST. S.W. NAPLES, FL 34105	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, JOHN W 1236 POCANTICO LANE NAPLES, FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAYNE, JOHN W. 538 FAIRWAY TERRACE NAPLES, FL. 34103	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

JOHN W. PAYNE

SIGNATURE: [signature] 2/3/04 239-566-8158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #