

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016643

Entity Name: KELLEY SPRINGS, LLC

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

9874 CAMPBELL CIRCLE
NAPLES, FL 34109

New Principal Place of Business:

4214 WATERFRONT PKWY
ORLANDO, FL 32806

Current Mailing Address:

P.O BOX 110175
NAPLES, FL 34108

New Mailing Address:

4214 WATERFRONT PKWY
ORLANDO, FL 32806

FEI Number: 59-3752955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, JOHN W
9874 CAMPBELL CIRCLE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

LENTZ, J D
4214 WATERFRONT PKWY
ORLANDO, FL 32806 US

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: J. D. LENTZ

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAYNE, MACK W
Address: 116 HUNTLEY OAKS BLVD.
City-St-Zip: LAKE PLACID, FL 33852

Title: MGR () Delete
Name: PAYNE, JOHN W
Address: 9874 CAMPBELL CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LENTZ, J D
Address: 4214 WATERFRONT PKWY
City-St-Zip: ORLANDO, FL 32806

Title: MGR (X) Change () Addition
Name: PETERSEN, J B
Address: 3253 WESTRIDGE BLVD
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the 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: J D LENTZ

PRES

03/28/2006

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