

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90205 023 \*\*\*\*55.00

**DOCUMENT # L01000022488**

1. Entity Name

**KELLY PLANTATION OFFICE PARK, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**34851 EMERALD COAST PKWY**

3. Mailing Address

**34851 EMERALD COAST PKWY**

Suite, Apt. #, etc.

**STE 150**

Suite, Apt. #, etc.

**STE 150**

City & State  
**DESTIN, FL**

City & State  
**DESTIN, FL**

Zip  
**32541-3354**

Country  
**US**

Zip  
**32541-3354**

Country  
**US**

4. FEI Number

**01-0569185**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**RUNNELS, DAVAGE J, III**

Street Address (P.O. Box Number is Not Acceptable)

**36468 EMERALD COAST PKWY**

**STE 2101**

City  
**DESTIN**

FL

Zip Code  
**32541-3723**

**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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
MCNEIL, JOHN A JR  
4502 OLDE PLANTATION PL  
DESTIN, FL 32541-3425**

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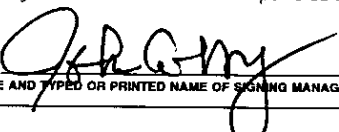
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IN THIS SPACE**

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



**JOHN A MCNEIL, JR, MGRM 05/01/02**

**850-650-9933**

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

Date

Daytime Phone #

CR2E083B (12/01)