


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90257 001 ****50.00

DOCUMENT # L02000011225	
1. Entity Name KELSO ENTERPRISES, L.L.C.	

Principal Place of Business 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789	Mailing Address 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789
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2. Principal Place of Business 1000 Legion Place	3. Mailing Address 1000 Legion Place
Suite, Apt. #, etc. Suite 1200	Suite, Apt. #, etc. Suite 1200
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32801	Country USA

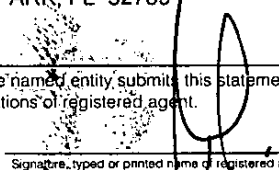
03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0021330	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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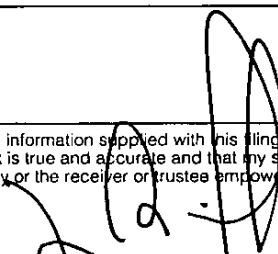
6. Name and Address of Current Registered Agent MILLER, SOUTH & MILHAUSEN P.A. 2699 LEE ROAD, SUITE 120 C/O JEFFREY P. MILHAUSEN, ESQ. WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
1000 Legion Place, Suite 1200	
City Orlando	Zip Code FL 32801

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 	Jeffrey P. Milhausen, Esq. March 10, 2006
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, J. GARY 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Legion Place, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WAGNER, CURTIS B 2699 LEE ROAD, SUITE 120 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 Legion Place, Suite 1200 Orlando, Florida 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	J. Gary Miller, Manager March 10, 2006 (407) 539-1638
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date</small>	<small>Daytime Phone #</small>