2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L02000022639

Entity Name: SEAN W. KELLEY, P.L.

Current Principal Place of Business:

619 EATON STREET
SUITE 2
KEY WEST, FL 33040

New Principal Place of Business:

904 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

Current Mailing Address:

619 EATON STREET
SUITE 2
KEY WEST, FL 33040

New Mailing Address:

904 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080

FEI Number: 37-1451341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLEY, SEAN W
619 EATON STREET
SUITE 2
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KELLEY, SEAN W
904 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080 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: _____ 07/05/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KELLEY, SEAN W
Address: 619 EATON STREET, STE. 2
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KELLEY, SEAN W
Address: 904 ANASTASIA BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32080

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: SEAN KELLEY MGMR 07/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date