

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-23-2006 90226 044 ****50.00

DOCUMENT # L02000025411

1. Entity Name
DEANNA L. KELLY, LLC



Principal Place of Business
**C/O KELLY PASSIDOMO & ALBA, LLP
2640 GOLDEN GATE PARKWAY, SUITE 305
NAPLES, FL 34105**

Mailing Address
**C/O KELLY PASSIDOMO & ALBA, LLP
2640 GOLDEN GATE PARKWAY, SUITE 305
NAPLES, FL 34105**

20002132



2. Principal Place of Business

3. Mailing Address

**c/o Kelly, Passidomo, Alba & Cassner, LLP
2390 Tamiami Trail North
Suite 204
Naples, FL 34103**

**c/o Kelly, Passidomo, Alba & Cassner, LLP
2390 Tamiami Trail North
Suite 204
Naples, FL 34103**

01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
13-4214135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, CHARLES M JR.
2640 GOLDN GATE PARKWAY, SUITE 305
NAPLE, FL 34105**

7. Name and Address of New Registered Agent

Name
Kelly, Charles M Jr.
Street Address
**Kelly, Passidomo, Alba & Cassner, LLP
2390 Tamiami Trail North
Suite 204
Naples, FL 34103**
City
Naples, FL 34103
Zip Code

FL

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.

Charles M Kelly Jr, Attorney 10 January 2006

SIGNATURE

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
KELLY, DEANNA L
2640 GOLDEN GATE PKWY #305
NAPLES, FL 34105** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Same Title
Same Name
c/o Kelly, Passidomo, Alba & Cassner, LLP
2390 Tamiami Trail North
Suite 204
Naples, FL 34103** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:
SIGNATURE AND

Charles M. Kelly, Jr.

10 January 2006 239 261 3453

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #