

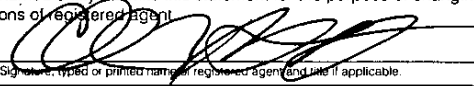



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90146 042 ****50.00

DOCUMENT # L02000025411 1. Entity Name DEANNA L. KELLY, LLC					
Principal Place of Business C/O KELLY PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TR. N SUITE 204 NAPLES, FL 34103			Mailing Address C/O KELLY PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TR. N SUITE 204 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # C/O Kelly, Passidomo and Alba, LLP		3. Mailing Address C/O Kelly, Passidomo and Alba, LLP			
Suite, Apt. #, etc. 2390 Tamiami Trail North		Suite, Apt. #, etc. 2390 Tamiami Trail North		01152007 Chg-LLC CR2E083 (12/06)	
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 13-4214135	
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR C/O KELLY, PASSIDOMO, ALBA & CASSNER, LLP 2390 TAMiami TR. N SUITE 204 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Kelly, CHARLES M., Jr. Street Address (P.O. Box Number is Not Acceptable) C/O Kelly, Passidomo and Alba, LLP 2390 Tamiami Trail North, Suite 204 City NAPLES FL Zip Code 34103		
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 				DATE January 16, 2007	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, DEANNA L 2390 TAMiami TR. N SUITE 204 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 				DATE January 16, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 239-261-3453	