


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90043 027 ***138.75

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
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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.	Suite, Apt. #, etc.



01082008 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 13-4214135	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
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 Street Address (P.O. Box Number is Not Acceptable) C/O Kelly, Passidomo and Alba, LLP City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	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	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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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: Deanna L. Kelly 1/9/08 239 201 3453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #