


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000027214</b>		
1. Entity Name <b>KELLY CROSSING, LLC</b>		
Principal Place of Business <b>10124 BERTRAM LANE FORT MYERS, FL 33919</b>	Mailing Address <b>10124 BERTRAM LANE FT MYERS, FL 33919</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>LUMSDEN, DENNIS J 6719 WINKLER ROAD, #121 FORT MYERS, FL 33919</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		DATE <b>01/17/06 -80032-005 50.00</b>
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNBULL, MARK S 10124 BERTRAM LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUDLAFF, F. RICHARD 6941 DEEP LAGOON LANE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number  
**43-1981001**

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

Applied For  
Not Applied

**DO NOT WRITE  
IN THIS SPACE**