

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/11

FILED
Mar 26, 2003 8:00 am
Secretary of State

02-10-2003 90107 023 ****50.00

DOCUMENT # L02000027214



1. Entity Name
KELLY CROSSING, LLC

Principal Place of Business
**10124 BERTRAM LANE
FORT MYERS FL 33919**

Mailing Address
**10124 BERTRAM LANE #2
Auburn Hills MI
48326**

33019636



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1981001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUMSDEN, DENNIS J
8719 WINKLER ROAD, #121
FORT-MYERS FL 33919**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE NAME	MGRM TURNBULL, MARK S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10124 BERTRAM LANE FORT MYERS FL 33919	
TITLE NAME	MGRM RUDLAFF, F. RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6941 DEEP LAGOON LANE FORT MYERS FL 33919	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I were the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1-22-03

239-849-0672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)