


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90104 023 \*\*\*\*50.00

<b>DOCUMENT # L03000015682</b> 1. Entity Name <b>KELLY REALTY GROUP, LLC</b>			
Principal Place of Business <b>120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>		Mailing Address <b>120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>	
2. Principal Place of Business - No P.O. Box # <b>1212 E Broward Blvd.</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33301</b>		3. Mailing Address <b>1212 E. Broward Blvd.</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33301</b>	
4. FEI Number <b>16-1669694</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, GEX F 120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM LOWRY, CRAIG 120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1212 E. Broward Blvd. Fort Lauderdale, FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM GWSV INC 120 NE 4TH ST FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>1212 E. Broward Blvd. Fort Lauderdale, FL 33301</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 605, Florida Statutes.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	