

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040637

FILED
Apr 22, 2006
Secretary of State

Entity Name: KELLEY, GOLDBERG, LEACH, & COHN, PL

Current Principal Place of Business:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-0326122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, KYLE H
475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLEY, KYLE H
Address: 475 MONTGOMERY PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: GOLDBERG, RUSSELL
Address: 475 MONTGOMERY PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: COHN, STEVE
Address: 475 MONTGOMERY PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KYLE H. KELLEY

MGRM

04/22/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date