## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042389

151 WYMORE RD. STE. 7000

ALTAMONTE SPRINGS, FL 32714

Address:

City-St-Zip:

Entity Name: KEL HOMES, LLC

FILED Jan 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 151 WYMORE ROAD, SUITE 7000 ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 151 WYMORE ROAD, SUITE 7000 ALTAMONTE SPRINGS, FL 32714 FEI Number: 52-2413517 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENGLETT, MATHEW S ENGLETT, MATTHEW S 151 WYMÓRE ROAD, SUITE 7000 151 WYMÓRE ROAD, SUITE 7000 US ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 US 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: MATTHEW S ENGLETT 01/07/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KAUFMAN, JEFFREY S Name: Name: 151 WYMORE ROAD, STE7000 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ENGLETT, PHILIP L Name: Name: Address: 151 WYMORE RD, STE, 7000 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ENGLETT, PHILIP II Name: Name: 151 WYMORE RD. STE. 7000 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: ENGLETT, MATTHEW S Name: Address: 151 WYMORE RD. STE. 7000 Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition LYND, CRAIG R Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JEFFREY S KAUFMAN MGR 01/07/2008