## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Mar 14, 2006 8:00 am Secretary of State

Suite. Apt. 1, etc.  Suite. Apt. 2, etc.  Suite. Apt. 1, etc.  Suite. Apt. 2, etc.  Suite. Ap	Country  Name Street Addre  City  Office or region of the Country  Name Street Addre  City  Office or region of the Country  NIII FEE IS \$50.0  To Florida Departs  By May 1, 2006	1st MOORE CR2E083 (10/05)  4. FEI Number 20-0399030 Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required 7. Name and Address of New Registered Agent PL Zip Code Status Desired Ag
11902 BETHWOOD AVE NEW PORT RICHEY, FL 34654  2. Principal Place of Business 11902 Suite, Apt. II. etc.  Suite, Apt. II. etc.  City & Sjate  City & Sjate  City & Sjate  Country  ACKELVEY, JOHN 11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.  SIGNATURE  SIGNATURE  MARKE  MARK  MCKELVEY, JOHN  INDEED  MANAGING MEMBERS/MANAGERS  INDEED  MANAGING MEMBERS/MANAGERS  TILE  MARK  SIRETI ADDRESS  CITY-SI-2P  NEW PORT RICHEY FL 34654  Delete	Country  Name Street Addre  City  Office or region of the Country  Name Street Addre  City  Office or region of the Country  NIII FEE IS \$50.0  To Florida Departs  By May 1, 2006	1st MOORE CR2E083 (10/05)  4. FEt Number 20-0399030   Applied For Not Applied For Not Applied For S. Certificate of Status Desired   \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent  Pass (P.O. Box Number is Not Acceptable)  FL Zip Code  Instered agent, or both, in the State of Florida. I am familiar with, and accept the state of State.
NEW PORT RICHEY, FL 34654  NEW PORT RICHEY, FL 34654  2. Principal Place of Business  1/902  Suite, Apr. II. etc.  City & Spale  Country  Zip  Country  3. Mailing Address  Suite, Apr. III. etc.  City & Spale  Country  Zip  Apr. II. etc.  City & Spale  Country  Sip 344554  Country  Country  Apr. II. etc.  City & Spale  Country  Sip 344554  Country  Country  Apr. III. etc.  City & Spale  Country  Country  Apr. III. etc.  City & Spale  Country  Apr. III. etc.  City & Spale  Country  Apr. III. etc.  Country  Apr. III. e	Country  Name Street Addre  City  Office or region of the Country  Name Street Addre  City  Office or region of the Country  NIII FEE IS \$50.0  To Florida Departs  By May 1, 2006	1st MOORE CR2E083 (10/05)  4. FEI Number 20-0399030 Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required 7. Name and Address of New Registered Agent PL Zip Code Status Desired Ag
2. Principal Place of Business Suite, Apr. M. etc.  Suite, Apr. M. etc.  City & State  City & State  Country  Zip  3. Mailing Address  Suite, Apr. M. etc.  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  State  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  State  City & State  City & State  Country  Zip  3. Walling Address  State  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Apt. M.  City & State  City & State  Country  Zip  3. Walling Address  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Apt. M.  City & State  City & State  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  Apr. M. etc.  City & State  Country  Zip  3. Walling Aptress  Suite, Apr. M. etc.  City & State  Country  Apr. M. etc.  City & State  Apr. M. etc.  City & State  Co	Name Street Addre City registered office or registered April Southern South	1st MOORE CR2E083 (10/05)  4. FEI Number 20-0399030 Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S5.00 Additional Fee Required 7. Name and Address of New Registered Agent PL Zip Code Status Desired Ag
Suite, Apt. #, etc.  City & State  City & State  Country  3 4 4 5 4	Name Street Addre  City  registered office or registered April Equation 100  NIII FEE IS \$50.0  to Florida Departi	4. FEt Number 20-0399030 Not Applied For Not Applied For State of Status Desired State States Desired Fee Required 7. Name and Address of New Registered Agent Place (P.O. Box Number is Not Acceptable)  FL Zip Code (Instered agent, or both, in the State of Florida. I am familiar with, and accept the state of State.
Country 34454  6. Name and Address of Current Registered Agent  MCKELVEY, JOHN 11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its retine obligations of registered agent.  SIGNATURE  Sit want Apply to strand name of registered agent and take conficulty (NOTE: FILE NOV Make Check Rayable Due.)  9. MANAGING MEMBERS/MANAGERS  TILLE NAME SIREET ADDRESS CITY-S1-79 NEW PORT RICHEY FL 34554  EILE NAME STREET ADDRESS STREET ADDRES	Name Street Addre  City  registered office or registered April Equation 100  NIII FEE IS \$50.0  to Florida Departi	20-0399030 Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required  7. Name and Address of New Registered Agent  Pass (P.O. Box Number is Not Acceptable)  FL Zip Code  pistered agent, or both, in the State of Florida. I am familiar with, and accept the content of State.
6. Name and Address of Current Registered Agent  MCKELVEY, JOHN 11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.  SIGNATURE  Septiment Applied of statement of representations agent and title curplesgift.  (NOTE: FILE NOV.  Make Check Rayable  Due!  9. MANAGING MEMBERS/MANAGERS  TITLE  NAME  SIRELI ADDRESS  CITY-SI-7P  NEW PORT RICHEY FL 34654	Name Street Addre  City  registered office or registered April Equation 100  NIII FEE IS \$50.0  to Florida Departi	7. Name and Address of New Registered Agent  2. P.O. Box Number is Not Acceptable)  FL Zip Code  pistered agent, or both, in the State of Florida. I am familiar with, and accept  CATE  COD  CATE
MCKELVEY, JOHN 11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its rethe obligations of registered agent.  SIGNATURE  SIGNATURE  MARKE Check Rayable  MANAGING MEMBERS/MANAGERS  THILE  MARKE  MCKELVEY, JOHN  STREET ADDRESS  CITY-SI-7PP  NEW PORT RICHEY FL 34654  EITE  NAME  STREET ADDRESS	City  Gistered office or regional Applications of the Street Address Springer 1997  Will FEE IS \$50.0 to Florida Departs By May 1, 2006	EL Zip Code  Instered agent, or both, in the State of Florida. I am familiar with, and accept  Chief Terroriting)  Chief Terroriting  Chief Terror
11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its rethe obligations of registrated agent.  SIGNATURE  September 1 (NOTE: FILE: NOV.  Make Check Payable  Puel  9. MANAGING MEMBERS/MANAGERS  TITLE  MAR  MCKELVEY, JOHN  SIRETI ADDRESS  CITY-SI-7P  NEW PORT RICHEY FL 34654  TITLE  NAME  SIRETI ADDRESS  SIRET	City  Gistered office or regional Applications of the Street Address Springer 1997  Will FEE IS \$50.0 to Florida Departs By May 1, 2006	FL Zip Code  Instered agent, or both, in the State of Florida. I am familiar with, and accept  CATE  DD  Text  Tex
11902 BETHWOOD AVE. NEW PORT RICHEY FL 34654  8. The above named entity submits this statement for the purpose of changing its rethe obligations of registrated agent.  SIGNATURE  Style Mark Productive agent and blied curplested.  Make Check Rayable  Public  MANAGING MEMBERS/MANAGERS  TITLE  MARK  MCKELVEY, JOHN  SIRETI ADDRESS  CITY-SI-79  NEW PORT RICHEY FL 34554  TITLE  NAME  STREET ADDRESS	City  rgistered office or region  WIII FEE IS \$50.0  to Florida Departi By May 1, 2006	FL Zip Code  Instered agent, or both, in the State of Florida. I am familiar with, and accept  CATE  DD  Text  Tex
SIGNATURE	NIII FEE IS \$50.0 to Florida Departi	istered agent, or both, in the State of Florida. I am familiar with, and accept quant mentions are state.
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Make Check Payable  Due!  Make Check Payable  Due!  MANAGING MEMBERS/MANAGERS  THE  MGR  MCKELVEY, JOHN  L  CITY-SI-2P  NEW PORT RICHEY FL 34554  THE  NAME  STREET ADDRESS  STREET ADDRESS	to Florida Departi By May 1, 2006	ment of State
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NAME MCKELVEY, JOHN & C SIRECT ADDRESS 1902 BETHWOOD AVE NEW PORT RICHEY FL 34554  TILE NAME STREET ADDRESS	10.	ADDITIONS/CHANGES
SIRECT ADDRESS 1902 BETHWOOD AVE CITY-SI-7P NEW PORT RICHEY FL 34554  TITLE NAME STREET ADDRESS	TITLE	Change Addition
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STREET ADDRESS	JIME	Change Addition
	NAME STREET ADDRESS CITY-ST-ZIP	•
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name Sireet address City-St-71P	NAME STREET ADDRESS CITY-SI-ZIP	
Interest y certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have it limited liability company or the receiver or trustee empowered to execute this re	he same legal ellect a	as if made under oath; that I am a managing member or manager of the



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

JOHN MCKELVEY, LLC 11902 BELHWOOD AVE NEW PORT RICHEY,, FL 34654

Subject: JOHN MCKELVEY, LLC

Reference Number:

L03000044454

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION