2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000046019  1. Entity Name  KELLEY CLEANING SERVICE, LLC				Secretary of State
Principal Place of Business 34934 PUNCH ROAD DADE CITY FL 33523		Mailing Address  34934 PUNCH ROAD DADE CITY FL 33523		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)
City & State		City & State		4. FE) Number 20-0439111   Applied For   Not Applied
Zıp	Country	Zip	Country	Certificate of Status Desired
<del></del>	6. Name and Address of Current	Registered Agent	Name -	7. Name and Address of New Registered Agent
KELLEY, JAMES R 34934 PUNCH ROAD DADE CITY FL 33523			Name Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	FL Zip Cade
SIGNATURE	lians of registered agent. नेन्द्रपटीपण, प्रिप्तन्त व प्रमान्य प्रवास्थ वी प्रश्तासक्व agent	FILE N Make Check Payat	OW!!! FEE IS \$50.0 le to Florida Departrie By May 1, 2006	0
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS GIY-ST-ZIP	MGR KELLY, JAMES R 34934 PUNCH ROAD DADE CITY FL 33523	□ Delete	tille Name Street address Gity-St-Zip	UNDNOD456;784 03723706-80024-025 <b>50.00</b>
THEE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, MILDRED R 34934 PUNCH ROAD DADE CITY FL 33523	☐ Deleto	HILE NAME STREEL ADDRESS CITY-ST-ZIP	Change 🔀 Additio
HTLE NAME STREET AUDRESS CITY-ST-ZIP		☐ Selett	NAME STREET AGORESS CITY-ST-ZIP	☐ Chado ☐ Additio
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Detete	NAME NAME STACET ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY - ST - ZTP		☐ Delete	NTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
HAME STRLLY ADDRESS CATY-ST-749		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 path; that I am a managing member or manager of the ismitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James R. Kelley James R. Kelley

3/13/06 352 650-5982