2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/17/2004-90084-017-$50.00-$50.00 FILED

2004 NOV 17 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E083 (4/04)

DOCUMENT # L03000046844

1. Entity Name

THEODORE ROBERT KELLY, JR., L.L.C.

Principal Place of Business

~~30 KEERNS DRIVE~~
~~CRAWFORDVILLE FL 32327~~

Mailing Address

~~30 KEERNS DRIVE~~
CRAWFORDVILLE FL 32327

2. Principal Place of Business		3. Mailing Address	
THEODORE R Kelly Jr LLC		THEODORE R Kelly, Jr LLC	
Suite, Apt. #, etc. 3533 Robin Rd		Suite, Apt. #, etc. 3533 Robin Rd	
City & State Tallahassee FL		City & State Tallahassee Fl	
Zip 32305	Country Leon	Zip 32305	Country Leon

4. FEI Number 75-3139202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, THEODORE R JR
30 KEERNS DRIVE
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name [signature]

Street Address (P.O. Box Number is Not Acceptable)

3533 Robin Rd

City Tall FL Zip Code 32305

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 [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	KELLY, THEODORE R JR	
STREET ADDRESS	30 KEERNS DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 608, Florida Statutes.

SIGNATURE: [signature] 9/23/04 9530190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #