


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000050288

1. Entity Name
JOHN ARTHUR KELLEY, LLC



Principal Place of Business 5046 MIDWAY FISH CAMP RD MARIANNA, FL 32446	Mailing Address 5046 MIDWAY FISH CAMP RD MARIANNA, FL 32446
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DO NOT WRITE IN THIS SPACE

08042005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0105364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, JOHN A
5046 MIDWAY FISH CAMP RD
MARIANNA, FL 32446

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

Filing Fee is \$50.00
Due by September 7, 2005

U00000375819
 08/08/05-80003-011 50.00

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, JOHN ARTHUR 5046 MIDWAY FISH CAMP RD MARIANNA, FL 32446
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John Arthur Kelley* **8/4/2005** **858-482-8303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #