
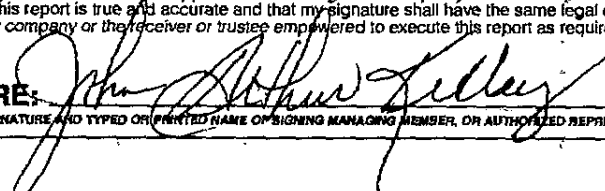


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent KELLEY, JOHN A 5046 MIDWAY FISH CAMP RD MARIANNA, FL 32446 | | DO NOT WRITE IN THIS SPACE |
| 2. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE _____ |
| Filing Fee is \$50.00 Due by September 7, 2005 | | |
| UD00000375819 08/08/05-80003-011 50.00 | | |
| 9. 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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| DO NOT WRITE IN THIS SPACE | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | 8/4/2005 850-782-8303 <small>Date Daytime Phone #</small> |