


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> L04000000269              |  |
| <b>1. Entity Name</b><br>M. E. KELLY L.L.C. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>1390 ASPEN LANE<br>CANTONMENT FL 32533 | <b>Mailing Address</b><br>1390 ASPEN LANE<br>CANTONMENT FL 32533 |
|--|--|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |



1st MOORE CR2E083 (10/04)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-3272478                               | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>   |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>KELLY, MICHAEL E<br>1390 ASPEN LANE<br>CANTONMENT FL 32533 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|--|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KELLY, MICHAEL E<br>1392 ASPEN LANE<br>CANTONMENT FL 32533 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000263478<br>03/14/05-80097-006 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** Michael E. Kelly 2-18-05 8509685028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #