


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-13-2005 90216 039 ****55.00

DOCUMENT # L04000002467 1. Entity Name KELLY'S MASONRY, LLC					
Principal Place of Business 241 SW FRESLEY TERRACE LAKE CITY, FL 32025			Mailing Address PO BOX 3274 LAKE CITY, FL 32056		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEM Number <div style="font-size: 1.5em; font-family: cursive;">20-0587732</div>	
5. Certificate of Status Desired				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32056				Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code <div style="text-align: right;">FL</div>	
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 registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLY, NARVELL P O BOX 3274 LAKE CITY, FL 32056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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)(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: <i>Narvell Kelly</i> 4-11-05 (386) 752-1807					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					