


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L04000002467</b><br>1. Entity Name<br>KELLY'S MASONRY, LLC |  |
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| Principal Place of Business<br>241 SW PRESLEY TERRACE<br>LAKE CITY, FL 32025 | Mailing Address<br>P O BOX 3274<br>LAKE CITY, FL 32056 |
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03022007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number<br>20-0587732 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>BARNES & JAMES, P.A.<br>2629 BLAIR STONE ROAD<br>TALLAHASSEE, FL 32056 |
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| 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 <u>Narvell Kelly, Owner</u> DATE _____<br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                 |

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> | U00000719017<br>05/01/07-80046-010 55.00 |
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| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KELLY, NARVELL<br>P O BOX 3274<br>LAKE CITY, FL 32056 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Narvell Kelly</u> Date <u>March 2, 2007</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   |