


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90092 035 \*\*\*\*50.00

<b>DOCUMENT # L04000005853</b>					
<b>1. Entity Name</b> JAMES A KELLEY WELL DRILLING & SPRINKLER REPAIR, LLC					
<b>Principal Place of Business</b> 308 PIERCE AVE CAPE CANAVERAL, FL 32920			<b>Mailing Address</b> 308 PIERCE AVE CAPE CANAVERAL, FL 32920		
<b>2. Principal Place of Business</b> 308 Pierce Ave. Suite, Apt. #, etc.		<b>3. Mailing Address</b> Same. Suite, Apt. #, etc.			
<b>City &amp; State</b> Cape Canaveral. Zip 32920 Country Brevard.		<b>City &amp; State</b> Same Zip Country		<b>4. FEI Number</b> N.A.	
<b>6. Name and Address of Current Registered Agent</b> KELLY, JAMES A 308 PIERCE AVE CAPE CANAVERAL, FL 32920		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, JAMES A 308 PIERCE AVE CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James A. Kelley</u>		James A. Kelley		5 APR. 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
				Cel. 321-508-1874 321-783-2011	