

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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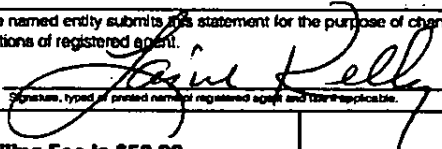
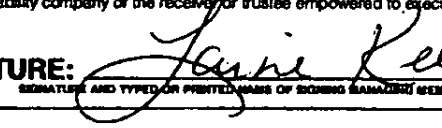
FILED
Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90424 007 ****50.00

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03282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000018650			
1. Entity Name KELLY APARTMENTS, LLC			
Principal Place of Business 1415 SW 24TH CT. FT. LAUDERDALE, FL 33315		Mailing Address 1415 SW 24TH CT. FT. LAUDERDALE, FL 33315	
2. Principal Place of Business 1407 SW 24 CT Suite, Apt. #, etc.		3. Mailing Address 1415 SW 24 CT. Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33315	Country USA	Zip 33315	Country USA
4. FEI Number 20-2574964		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, LAINE 1415 SW 24TH CT. FT. LAUDERDALE, FL 33315		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 		DATE 3/29/05	
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 OWNER/MGR LAINE KELLY 1415 SW 24 CT. FT. LAUDERDALE, FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 3/29/05 954-763-2768	
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	