

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90025 047 ****50.00

DOCUMENT # L04000021004 1. Entity Name KELBY PROPERTIES, L.L.C.					
Principal Place of Business 214 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695			Mailing Address 214 HIGHLAND WOODS DRIVE SAFETY HARBOR, FL 34695		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☒ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☒ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP			TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP		
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: <u>Kalebra Kelby</u> SIGNATURE AND TYPED OR PRINTED NAME OF GRANTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>4/22/05</u> Daytime Phone #	

KALEBRA KELBY, TREASURER