

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031257

Entity Name: MICHAEL KELLEY LLC

FILED
Aug 05, 2006
Secretary of State

Current Principal Place of Business:

2900 PALM AVENUE DRIVE, N 302
POMPANO BEACH, FL 33069

New Principal Place of Business:

2900 PALM AIRE DRIVE, N 302
POMPANO BEACH, FL 33069

Current Mailing Address:

2900 PALM AVENUE DRIVE, N 302
POMPANO BEACH, FL 33069

New Mailing Address:

2900 PALM AIRE DRIVE, N 302
POMPANO BEACH, FL 33069

FEI Number: 65-0547716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLEY, MICHAEL
2900 PALM AVENUE DRIVE, N 302
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

KELLEY, MICHAEL
2900 PALM AIRE DRIVE, N 302
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: _____

08/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLEY, MICHAEL
Address: 2900 PALM AVENUE DRIVE, N 302
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KELLEY, MICHAEL
Address: 2900 PALM AIRE DRIVE, N 302
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL KELLEY

MGRM

08/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date