2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044940

Entity Name: KELSARYAN, LLC

Title:

Name:

Address:

City-St-Zip:

() Delete

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4102 W. CORONA STREET TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 4102 W. CORONA STREET TAMPA, FL 33629 FEI Number: 47-0942374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONNA J. FELDMAN, P.A 19321-C US HIGHWAY 19 NORTH SUITE 103 CLEARWATER, FL 33764 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition THORSON, JEFFREY D THORSON, JEFFREY D Name: Name: 4102 W. CORONA STREET Address: 4102 W. CORONA STREET Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: TAMPA, FL 33629 US (X) Change () Addition Title: MGR () Delete Title: MGRM Name: RYAN, MARTIN M Name: RYAN, MARTIN M Address: 4501 WOODMERE ROAD Address: 4501 WOODMERE ROAD City-St-Zip: TAMPA, FL 33629 US City-St-Zip: TAMPA, FL 33629 US Title: () Delete Title: MGR () Change (X) Addition BEE, BENJAMIN E Name: Name: 10126 DEERCLIFF DRIVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33647 US Title: () Delete Title: MGR () Change (X) Addition Name: Name: CHESKATY, REX B Address: Address: 527 NORTH CAROLINA DRIVE City-St-Zip: City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

THORSON, SCOTT K

CHARLOTTE, NC 28115 US

102 CASTLEGATE

SIGNATURE: JEFFREY D. THORSON MGRM 04/20/2005