2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L04000061323

1. Entity Name

KELBY SERVICES, L.L.C.



FILED Apr 18, 2008 08:00 Al Secretary of State

				143			
Principal Place of Business Mailing Address				'			
214 HIGHLAND WOODS DRIVE			214 HIGHLAND WOODS DRIVE				
				SAFETY HARBOR FL 34695			
!							
2. Principal f	Place of Busin	ess - No P.O. Box#	3. Mailing Address				
			, , , , , , , , , , , , , , , , , , , ,				
Suite, Apt. #, etc.			Suite, Apt. #, etc			1st MOORE CR2E083 (10/07)	
						Tat Woorld Crizeson (19761)	
City & State			City & State			4. FEI Number 22-3903423 Applied For	
					Tage Application		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		
6. Name and Address of Current F			L	gistered Agent		7. Name and Address of New Registered Agent	
	<u> </u>		- agration and regard	Nam	าอ	111111111111111111111111111111111111111	
GASSMAN, ALAN S					0		
124	5 COURT	STREET, STE. 102		Street Addi		es (P.O. Box Number is Not Acceptable)	
CLE	ARWATE	R FL 33756				N. Alle M. College of Market Market	
				City		FL Zip Code	
			the purpose of changing its	registered office	e or register	ered agent, or both in the State of Florida. I am familiar with, and accept	
the obligat	tions of regist	ered agent.					
SIGNATURE							
-	Signature, type of	or an area upon to have a read agreet a	rd the Lappicable (NOT)	Registered Ayent s			
			FILE NO	W!!! FEE IS	\$138.75		
			After May 1,	2008, Fee W	ill Be \$538	38.75	
			Make Check Payab	le to Florida	Departme	ent of State	
9. MANAGING MEMBER			RS/MANAGERS	10.		ADDITIONS/CHANGES	
TOTLE	P	☐ Delete TITLE		TITLE		U00000906814 □ Change □ Addition 05/05/08-80013-013 138.75	
NAME	KELBY, SC	OTT		NAME		05/05/08-80013-013 138.75	
CIREET ADDRESS	_	AND WOODS DRIVE		STREET ADDRE	:SS		
CITY-ST-ZIP		ARBOR FL 34695		('ITY - ST - Z;P		istorio de la constancia de la constanci	
TITLE	ST		Delete	TITLE		Change Addition	
NAME PAREET LODGECO	KELBY, KA			NAME STREET LEADIN	-00		
STREET ADDRESS City-ST-ZIP	_	AND WOODS DRIVE ARBOR FL 34695		STREET ADDRE CITY-ST-Z:P	32		
	SAFEIT DI	ANDON FL 34033				Change Addison	
TITLE NAME	}		Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS				STREET ADDRE	:SS		
CITY-ST-ZIP				CITY-ST-Z:P			
TITLE			☐ Delete	TiTLE		☐ Change ☐ Addition	
NAME			Mana (1970)	NAME		- · -	
STALET ADDRESS	İ			STREET ADDRE	.SS		
CITY-ST-ZIP				CITY-SY-ZIP			
EITLE			☐ Delete	TITLE		☐ Change ☐ Addition	
HAME				NAME			
STREET ADDRESS				STREET ADDRE	:32		
CHY-ST-ZIP	ļ			CITY-S7-ZIP			
TITLE	I		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	1			NAME			
NAME STREET ADDRESS CITY+ST-ZIP				NAME STREET ADDRE CITY-ST-ZIP	:55		

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 recort as required by Chapter 608, Florida Statutes.

SIGNATURE: Kalelia Kelly Kalebra Kelly ST 4.16.08 813.433.5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE COMDAME OF PERSON - EXT. 107