

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L04000078885</b><br>1. Entity Name<br>JEFF KELLY CARPENTRY SERVICES, LTD. CO. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>15912 OLD CHENEY HWY<br>ORLANDO, FL 32833 US | Mailing Address<br>15912 OLD CHENEY HWY<br>ORLANDO, FL 32833 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-LLC

CR2E083 (11/05)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3788341                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

KELLY, SARAH  
15912 OLD CHENEY HWY  
ORLANDO, FL 32833

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

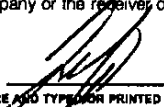


**Filing Fee is \$50.00  
Due by May 1, 2007**

| 8. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>KELLY, JEFF<br>15912 OLD CHENEY HWY<br>ORLANDO, FL 32833     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>ROSSY, WENDY<br>212 HIAWATHA BLVD<br>LAKE HIAWATHA, NJ 07034 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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05/24/07-80053-015 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 report as required by Chapter 608, Florida Statutes.

SIGNATURE:    JEFFREY M. KELLY 4/30/07 407-734-2422

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #