2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L05000002864



Apr 24, 2007 8:00 am Secretary of State 1. Entity Name
KELLY REAL ESTATE VENTURES, LLC 04-24-2007 90116 047 ****50.00 Principal Place of Business Mailing Address 1935 COMMERCE LN #5 1935 COMMERCE LN #5 JUPITER, FL 33458 US JUPITER, FL 33458 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 14-1921953 Not Applicable Ζip Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, GEORGE T IV Street Address (P.O. Box Number is Not Acceptable) 1935 COMMERCE LANE #5 JUPITER, FL 33458 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLY, GEORGE T IV NAME NAME 1935 COMMERCE LANE #5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP MGRM TITLE ☐ Defete TITLE ☐ Change Addition KELLY, PATRICK B NAME NAME STREET ADDRESS 1935 COMMERCE LANE #5 STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-ZIP MGRM ☐ Delete Change ☐ Addition TITLE TITLE KELLY, BRENNA C NAME NAME STREET ADDRESS 1935 COMMERCE LANE #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP

561.743.7381

FILED