


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90317 030 ****50.00

DOCUMENT # L05000007652					
1. Entity Name DAN KIELY, LLC					
Principal Place of Business 609 LAKE AVENUE, SUITE 2 LAKE WORTH, FL 33460			Mailing Address PO BOX 6621 WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box # 126 S. Olive Ave		3. Mailing Address 120 S. Olive Ave			
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 30-0305729	
Zip 33401		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIELY, DAN 609 LAKE AVENUE, SUITE 2 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name <u>Kiely, Dan</u> Street Address (P.O. Box Number is Not Acceptable) <u>120 S. Olive Ave,</u> <u>Suite 400</u> City <u>West Palm Beach</u> FL Zip Code <u>33401</u>		
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 <u>[Signature]</u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR KIELY, DAN R 609 LAKE AVENUE, SUITE 2 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Kiely, Dan R 120 S. Olive Ave, suite 400 West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>[Signature]</u> DAN KIELY Managing member 4/30/07 561 832 3321 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					