
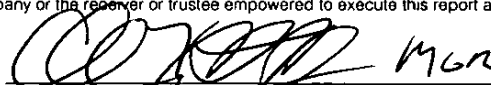


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90145 005 ****50.00

DOCUMENT # L05000034487 1. Entity Name KELLPASSNER LLC					
Principal Place of Business C/O KELLY, PASSIDOMO, ALTA & CASSANER 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103			Mailing Address C/O KELLY, PASSIDOMO, ALTA & CASSANER 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 2390 Tamiami Trail North		3. Mailing Address 2390 Tamiami Trail North			
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc. Suite 204			
City & State NAPLES, FL		City & State NAPLES, FL			
Zip 34103		Country USA		4. FEI Number 20-2703429	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KELLY, CHARLES M JR. KELLY, PASSIDOMO, ALTA & CESSNER, LLP 2390 TAMiami TRAIL NORTH, SUITE 204 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Kelly, Charles M. Jr. Street Address (P.O. Box Number is Not Acceptable) Kelly, Passidomo and Alta, LLP 2390 Tamiami Trail North, Suite 204 City Naples FL Zip Code 34103		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE January 16, 2007	
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	MGR KELLY, CHARLES M JR. 2390 TAMiami TRAIL NORTH, SUITE 240 NAPLES, FL 34103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASSIDOMO, KATHLEEN C 2390 TAMiami TRAIL NORTH, SUITE 240 NAPLES, FL 341053203	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 204 Zip 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  MGR				DATE January 16, 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 239 261-3453	