

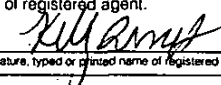



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90285 029 ****50.00

DOCUMENT # L05000035898 1. Entity Name KELLY DURRETT LLC					
Principal Place of Business 559 MEADOW SWEET CIRCLE OSPREY, FL 34229				Mailing Address 559 MEADOW SWEET CIRCLE OSPREY, FL 34229	
2. Principal Place of Business 11367 Dancing River Dr Suite, Apt. #, etc.		3. Mailing Address 11367 Dancing River Dr Suite, Apt. #, etc.			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 32-0146729	
Zip 34292		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DURRETT, KELLY 559 MEADOW SWEET CIRCLE OSPREY, FL 34229				7. Name and Address of New Registered Agent Name Durrett, Kelly Street Address (P.O. Box Number is Not Acceptable) 11367 Dancing River Dr. City Venice FL Zip Code 34292	
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 				DATE 3/17/06	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DURRETT, KELLY 559 MEADOW SWEET CIRCLE OSPREY, FL 34229 <div style="text-align: right;">Change Address</div>			<input type="checkbox"/> Delete	
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"/> 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"/> 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"/> 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: 				DATE 3/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 941-375-3184	