


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90366 041 ***150.00

DOCUMENT # L05000083011					
1. Entity Name KELLEY UUSTAL, PLC					
Principal Place of Business 750 SE 3RD AVE FORT LAUDERDALE, FL 33316 US			Mailing Address 750 SE 3RD AVENUE FORT LAUDERDALE, FL 33316 US		
2. Principal Place of Business - No P.O. Box # 700 SE 3 Ave		3. Mailing Address 700 SE 3 Ave		04092007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		4. FEI Number 20-3357705	
City & State Ft Lauderdale FL		City & State Ft Lauderdale FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33316		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, ROBERT W 15 GATEHOUSE ROAD SEA RANCH LAKES, FL 33308			7. Name and Address of New Registered Agent Name: Robert W. Kelley Street Address (P.O. Box Number is Not Acceptable): 700 SE 3 Ave Suite 300 City: Ft Lauderdale FL Zip: 33316		
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: 4-16-07	
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	P KELLEY, ROBERT W 15 GATEHOUSE ROAD SEA RANCH LAKES, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700 SE 3 Ave, Suite 300 Ft Lauderdale FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP UUSTAL, JOHN J 1304 SE 11TH CT FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700 SE 3 Ave, Suite 300 Ft Lauderdale FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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"/> 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"/> 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"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 4/16/07 Daytime Phone #: 9545226601	