


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90033 006 \*\*\*\*50.00


<b>DOCUMENT # L05000087294</b> 1. Entity Name <b>KELLY CARLOS OFFICES, LLC</b>	
--	---

Principal Place of Business <b>11595 KELLY ROAD, SUITE 202 FORT MYERS FL 33908-2539</b>	Mailing Address <b>14696 KELLY ROAD, SUITE 202 FORT MYERS FL 33908-2539 14684 HEATHERTON DRIVE GRANGER, IN 46530</b>
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>14684 HEATHERTON DR</b>
---	--

City & State <b>GRANGER, IN</b>	City & State <b>GRANGER, IN</b>
Zip <b>46530</b>	Zip <b>46530</b>

30000000



1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-3408163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**NOVATT, JEFF M ESQ  
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP  
821 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES FL 34102**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ - **FL** - Zip Code \_\_\_\_\_

8. The above named entry 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when consultants)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	BANSAL, ANIL	10 WITTIG TERRACE	WAYNE NJ 07470	<input type="checkbox"/>
MGR	AGTEY, MILIND	51491 NORWICH DRIVE	GRANGER IN 46530	<input type="checkbox"/>
MGR	CHAUDHARY, RAJEEV	14684 HEATHERTON DRIVE	GRANGER IN 46530	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: My Lester Date: 3/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE