

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094046

FILED
Apr 26, 2008
Secretary of State

Entity Name: KELBERT CONSTRUCTION, LLC

Current Principal Place of Business:

309 A STREET
ST. AUGUSTINE BEACH, FL 32080

New Principal Place of Business:

501 E BAY ST
JACKSONVILLE, FL 32202

Current Mailing Address:

309 A STREET
ST. AUGUSTINE BEACH, FL 32080

New Mailing Address:

501 E BAY ST
JACKSONVILLE, FL 32202

FEI Number: 20-3550330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELBERT, JEFFREY A
309 A STREET
ST. AUGUSTINE BEACH, FL, FL 32080 US

Name and Address of New Registered Agent:

KELBERT, JEFFREY A
501 E BAY ST
JACKSONVILLE, FL 32202

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.

SIGNATURE:

04/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELBERT, JEFFREY A
Address: 309 A STREET
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 US

Title: MGRM () Delete
Name: KELBERT, SABRINA B
Address: 309 A STREET
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELBERT, JEFFREY A
Address: 501 E BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM (X) Change () Addition
Name: KELBERT, SABRINA B
Address: 501 E BAY ST
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY A. KELBERT

MGR

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date