


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90065 019 \*\*\*\*55.00

<b>DOCUMENT #</b> L05000107704	
<b>1. Entity Name</b> KEL-DAN MAINTENANCE SOLUTIONS LLC	

<b>Principal Place of Business</b> 4686 US HWY 27 SOUTH SEBRING, FL 33870	<b>Mailing Address</b> 4686 US HWY 27 SOUTH SEBRING, FL 33870
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<b>2. Principal Place of Business</b> 1529 BENZ TERRACE Suite, Apt. #, etc.	<b>3. Mailing Address</b> SAME AS PRINCIPAL Suite, Apt. #, etc.
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<b>City &amp; State</b> SEBRING, FL	<b>City &amp; State</b>
<b>Zip</b> 33872	<b>Country</b> USA



07022008 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 06-1762447	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> STEWART, MELVILLE D 4686 US HWY 27 S SEBRING, FL 33870	<b>7. Name and Address of New Registered Agent</b> Name: STEWART, MELVILLE D Street Address (P.O. Box Number is Not Acceptable): 1529 BENZ TERRACE City: SEBRING FL Zip Code: 33872
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**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: [Signature] DATE: July 3, 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, MELVILLE D 4686 US HWY 27 S SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, MELVILLE D 1529 BENZ TERRACE SEBRING, FL 33872 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, JOAN L 4686 US HWY 27 S SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, JOAN L 1529 BENZ TERRACE SEBRING, FL 33872 <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:** [Signature] MELVILLE D STEWART July 3, 2006 863-391-7521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #