2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-17-2006 90090 003 ****50.00

DOCUMENT # L05000112824

1. Entity Name

KELLEY LAND HOLDINGS, LLC

Principal Place of Business	Mailing Address
1005 BAYSHORE BOULEVARD TAMPA FL 33606	1005 BAYSHORE BOULEVARD TAMPA FL 33606

1st MOORE CR2E083 (10/05)

2. Principal Place of Business: 501 N. Franklin St		3. Mailing Address: ↑	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa FL		City & State	
Zip: 33602	Country: USA	Zip	Country

4. FEI Number: 203-843-726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANNON, JEFFREY C
501 EAST KENNEDY BOULEVARD, SUITE 1700
TAMPA FL 33602

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Dr Scott Kelley~~ ~~Owner~~ Managing member Scott Kelley, M.D 1005 Bayshore Blvd Tampa FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Owner~~ Managing member Jill Kelley 1005 Bayshore Blvd Tampa FL 33606 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 5/9/06 (813) 254-4224 431-7703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #