


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2007 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # L05000114250 | |  |
| 1. Entity Name JAMES W. KELLEY, LLC | | |

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|--|--|
| Principal Place of Business 23726 NW COUNTY ROAD 73A ALTA FL 32421 | Mailing Address 23726 NW COUNTY ROAD 73A ALTA FL 32421 |
|--|--|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

2nd MOORE CR2E083 (4/07)

| | | |
|--|--|---|
| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent KELLEY, JAMES W 23726 NW COUNTY ROAD 73A ALTA FL 32421 | | 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 *James W. Kelley* (NOTE: Registered Agent signature required when terminating) 7/30/07 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KELLEY, JAMES W 23726 NW COUNTY ROAD 73A ALTA FL 32421 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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07/31/07-80005-013 50.00

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: *James W. Kelley* 7/30/07 (850) 62-3210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #