

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90103 026 \*\*\*138.75

DOCUMENT # L06000006210

1. Entity Name

KELLUM BROTHERS CONSTRUCTION, LLC



Principal Place of Business

Mailing Address

5624 WOODBINE RD STE 240  
240  
PACE FL 32571

4632 RAMBLING WAY  
240  
PACE FL 32571

2. Principal Place of Business - No P.O. Box #

4960 Hwy 90

3. Mailing Address

4632 RAMBLING WAY

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

City & State

PACE, FL.

City & State

PACE, FL.

Zip

32571

Country

SANTA ROSA

Zip

32571

Country

SANTA ROSA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4257565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLUM, PAUL  
4632 RAMBLING WAY  
PACE FL 32571

7. Name and Address of New Registered Agent

Name

JACK R. KELLUM

Street Address (P.O. Box Number is Not Acceptable)

4632 RAMBLING WAY

City

PACE

FL

Zip Code

32571

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

*Jack R. Kellum*

Signature, typed or printed name of registered agent and the 1st principal

(NOTE: Registered Agent signature required when reappointing)

DATE

2-20-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KELLUM, JACK R	
STREET ADDRESS	4632 RAMBLING WAY	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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:

*Jack R. Kellum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

EXPIRATION DATE