2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Jan 29, 2007 8:00 am DOCUMENT # L06000008733 **Secretary of State** 1. Entity Name 01-29-2007 90139 048 ****55.00 RICHARD L. KELLY & ASSOCIATES, LLC Principal Place of Business Mailing Address 3771 BAY CREEK DRIVE BONITA SPRINGS FL 34134 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) 4. FEI Number City & State City & State Applied For 14 - 194 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** Zip Code FL 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 timine of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstitling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. HHE Defete Ш ☐ Change Addition MGRM NAME KELLY, RICHARD L STREET ADDRESS STREET ADDRESS 3771 BAY CREEK DRIVE CHY ST ZIP **BONITA SPRINGS FL 34134** CHY ST 7P HILLE ☐ Delete DIL Change Addition NAME NAMI STRIET ADDRESS STREET ADDRESS CITY ST ZIP CHY SEZIP ☐ Change Addition ☐ Delete 100 NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY ST 7P ☐ Change HILE ☐ Delete 11111 ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SI-ZIE CHY ST 7IP Delete □ Change ■ Addition NAMO STREET ADDRESS STREET LADDRESS CHY ST ZIP CITY ST 7IP HHE Delete TITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY 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 eath; 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.

FILED

1.22.07 239 5617288 x-17