

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039674

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: THE KELCOURSE GROUP, LLC

## Current Principal Place of Business:

3970 TAMPA ROAD  
SUITE G  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

## Current Mailing Address:

3970 TAMPA ROAD  
SUITE G  
OLDSMAR, FL 34677 US

## New Mailing Address:

3970 TAMPA RD.  
SUITE G  
OLDSMAR, FL 34677 US

FEI Number: 06-1776584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELCOURSE, MARK L  
159 TALLEY DR.  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

KELCOURSE, ROBERT L  
3116 EGRET TERRACE  
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: ROBERT L. KELCOURSE

04/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KELCOURSE, ROBERT L  
Address: 3116 EGRET TERRACE  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P ( ) Change (X) Addition  
Name: KELCOURSE, OLGA M  
Address: 3116 EGRET TERRACE  
City-St-Zip: OLDSMAR, FL 34695 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT L. KELCOURSE

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date