

**2011 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2011**

DOCUMENT # L06000106417	
1. Entity Name KELLAM PROPERTIES, LLC	

Principal Place of Business 10100 CYPRESS COVE DRIVE FORT MYERS FL 33908	Mailing Address 10100 CYPRESS COVE DRIVE FORT MYERS FL 33908
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent KYLE KEVIN A 1380 ROYAL PALM SQUARE BLVD. FORT MYERS FL 33919	
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4. FEI Number 20-5816786	Applied For No: Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 or authorized representative (NOTE: Registered agent is not required when removing) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2011, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLAM, NELSON 10100 CYPRESS COVE DRIVE FORT MYERS FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600203547466 04/21/11--01035--004 *\$138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Nelson J. Kellan 4/12/11 739-437-4609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
11 APR 21 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E083 (10/07)

KS