# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 27, 2008 8:00 am**
**Secretary of State**
04-30-2008 90036 029 ***138.75

DOCUMENT # L07000030160

1. Entity Name
KELLEY-RENO LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 | 536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 |

01252008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business (No P.O. Box #) | 3. Mailing Address |
|---|---|
| 2786 Dellwood AVE | 2786 Dellwood AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville FL | City & State: Jacksonville FL |
| Zip: 32205 Country: US | Zip: 32205 Country: USA |

4. FEI Number: 33-1216250 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RENO, ROBERT M<br>536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: _____ Date

**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 | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>RENO, ROBERT M<br>536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>KELLEY, CHICKIE P<br>536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | MGRM<br>PARADISO, JEAN P<br>536 AMBERWOOD CT<br>ORANGE PARK, FL 32065 | ☒ 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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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:** _____ Date

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