

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000038014

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** F/V KELLY ANN VENTURE, LLC

**Current Principal Place of Business:**

26 1/2 NORTH CAUSEWAY  
FORT PIERCE, FL 34946 US

**New Principal Place of Business:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947 US

**Current Mailing Address:**

26 1/2 NORTH CAUSEWAY  
FORT PIERCE, FL 34946 US

**New Mailing Address:**

820 BENT CREEK DRIVE  
FORT PIERCE, FL 34947 US

**FEI Number:** 26-2417485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARQUIS-ABRAMS, RENEE  
311 SOUTH SECOND STREET  
SUITE 200  
FORT PIERCE, FL 34950 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NUTT, BETTY C MRS.  
**Address:** 820 BENT CREEK DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34947 US

**Title:** MGRM  
**Name:** MARTIN, JULIE M MS.  
**Address:** 820 BENT CREEK DRIVE  
**City-St-Zip:** FORT PIERCE, FL 34947

I hereby 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:** BETTY C. NUTT

MGRM

03/25/2010

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