

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003489

1. Entity Name
KELLY ELECTRIC LLC



Principal Place of Business
**2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**

Mailing Address
**2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**



01132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3555148

Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOMAS, ANN M
2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MITCHELL, JAMES D
2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LOMAS, ANN M
2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MARTIN, JANE MITCHELL
2100 CONSULATE DR., SUITE 100
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/23/06-80003-016 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

Kelly Electric LLC
Ann M Lomas, LLC Mgr. 1/13/06 (407) 859-8801