# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 27, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L01000010276

1. Entity Name
KALAKOTA INVESTMENTS, LLC

Principal Place of Business
207 PARK PLACE BLVD., STE. 4
KISSIMMEE, FL 34741

Mailing Address
207 PARK PLACE BLVD., STE. 4
KISSIMMEE, FL 34741

08182004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3368006

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLICK, JAMES J
3117 EDGEWATER DR.
ORLANDO, FL 32804

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | P |
| NAME | KALAKOTA, M |
| STREET ADDRESS | 8736 SOUTHERN BREEZE DR |
| CITY-ST-ZIP | ORLANDO, FL 32836 |
| TITLE | |
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08/27/04-80001-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] * 08/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

AUG-18-2004 06:24 PM