2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # L040000436 AND KALIL ENTERPRISES		SEA EN			05-03-2005	90018 037 ****5	55.00
Principal Plac	Mailing Address	•		7				
LUIS A MON	TIEL	MICHAEL KALIL			• • •			
3564 HERON DRIVE SOUTH		6817 SOUTHPOINT PARKWAY, SUITE		E1402				
JACKSONVILLE BEACH, FL 32250		JACKSONVILLE, FL 32216			ETIH DIGH DAM GEHI DAN	II A Blif BIBBA (IIIB BIICA BIICI	TIES III IS	
2. Principal Place of Business		3. Mailing Address						
				1 10 8310 (3 01)	ADIN DIST DEN BUIN DEN	II TOIM DIADO ANTO OTRA OTRAC	IEIBBI III IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005	Chg-LLC	CR2E083 (10/03	١	
0: 40:		02.4.0				·	·	
City & State		City & State		4. FEI Number		<u> </u>	opplied For Not Applicable	
Zip Country		Zip Cou			1-20 -	· · · · · · · · · · · · · · · · · · ·	\$5.00 A	
					5. Certificate	of Status Desired	Fee Requir	
	6. Name and Address of Current R	Registered Agent		A 1	7. Name and	Address of New R	Registered Agent	
KALIL, MICHAEL			'	Name		4.50		
6817 SOUTHPOINT PARKWAY, SUITE 1402				Street Address (P.O. Box Number is Not Acceptable)				
JACKSON								
							-	
			(City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re	egistered o	office or registe	ered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept
1 -	tions of registered agent.	so a ar l.	.0	1.	(\0 ~)	05		
SIGNATURE	Michael Kalil M	idrock pro	<u>.ac</u>			03		
		ad tida if analisabla (MOTE, F	Maniatana da da					
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Ag	gent signature require	ed when reinstating)		DATE	
F	iling Fee is \$50.00 ue by May 1, 2005	(NOTE: F	Registered Ag	gent signature require	ed when reinstating)		DATE Se check payable to a Department of Sta	te
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		Registered Ag	gent signature require	ed when reinstating)		e check payable to a Department of Sta	te
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		10.	gent signature require	ed when reinstating)	Florida	e check payable to a Department of Sta	Addition
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL	RS/MANAGERS Delete	10. TITLE NAME		ed when reinstating)	Florida	te check payable to a Department of Sta /CHANGES	
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA	RS/MANAGERS Delete	10.	ADORESS	ed when reinstating)	Florida	te check payable to a Department of Sta /CHANGES	
9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL	RS/MANAGERS Delete AY, SUITE 1402	10. TITLE NAME STREET A	ADORESS	ed when reinstating)	Florida	te check payable to a Department of Sta	☐ Addition
9. ITILE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216	RS/MANAGERS Delete	10. TITLE NAME STREET A CITY-ST-	ADORESS	ed when reinstating)	Florida	te check payable to a Department of Sta /CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	RS/MANAGERS Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A	Address 1-Zip	ed when reinstating)	Florida	te check payable to a Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A	RS/MANAGERS Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME	Address 1-Zip	ed when reinstating)	Florida	te check payable to a Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	RS/MANAGERS Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-ST: TITLE NAME STREET A CITY-ST:	Address 1-Zip	ed when reinstating)	Florida	te check payable to a Department of Sta	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-ST: TITLE NAME STREET A CITY-ST:	ADDRESS I-ZIP ADDRESS I-ZIP	ed when reinstating)	Florida	te check payable to a Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	ed when reinstating)	Florida	ce check payable to a Department of Sta /CHANGES Change	Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST- TITLE NAME STREET A CITY-ST-	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	ed when reinstating)	ADDITIONS/	te check payable to a Department of Sta /CHANGES Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete	10. TITLE NAME STREET A CITY-SI- TITLE NAME STREET A CITY-SI- TITLE NAME STREET A	ADDRESS ZIP ADDRESS ZIP ADDRESS ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of Sta /CHANGES Change	Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE NAME STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete Delete Delete	10. TITLE NAME STREET A CITY-ST- TITLE	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	ed when reinstating)	ADDITIONS/	te check payable to a Department of Sta /CHANGES Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete Delete Delete	10. TITLE NAME STREET A CITY-ST:	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	ed when reinstating)	ADDITIONS/	te check payable to a Department of Sta /CHANGES Change Change	Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete Delete Delete	10. TITLE NAME STREET A CITY-ST-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	ed when reinstating)	ADDITIONS/	te check payable to a Department of Sta /CHANGES Change Change	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete	10. TITLE NAME STREET A CITY-ST:	ADDRESS 1- ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of State /CHANGES	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete	10. TITLE NAME STREET A CITY-SI-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of State /CHANGES	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete Delete	10. TITLE NAME STREET A CITY-ST- CITY-ST- CITY-ST-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of State /CHANGES	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete	10. TITLE NAME STREET A CITY-SI-	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of State /CHANGES	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete Delete	IO. TITLE NAME STREET A CITY-SI- TITLE NAME STREET A	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	ed when reinstating)	ADDITIONS/	ce check payable to a Department of State /CHANGES	Addition Addition Addition
9. IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM KALIL, MICHAEL 6817 SOUTHPOINT PARKWA JACKSONVILLE, FL 32216 MGRM MONTIEL, LUIS A 3564 HERON DRIVE SOUTH	Delete AY, SUITE 1 402 Delete 50 Delete Delete	10. TITLE NAME STREET A CITY-ST-	ADDRESS 1- ZIP ADDRESS 1- ZIP		ADDITIONS)	ce check payable to a Department of State /CHANGES	Addition Addition Addition Addition

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 eath; 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: Michael Kalil Michael Stall 419-05 904-955-648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designing MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Date

Date

Date

Designing Proces

Designing MANAGING MEMBER, MANAGING MEMB