

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90043 031 \*\*\*\*50.00

**DOCUMENT # L00000007884**

1. Entity Name  
**KALI FILMS, LLC**



Principal Place of Business  
**1590 HICKORY AVENUE  
TALLAHASSEE FL 32303**

Mailing Address  
**1590 HICKORY AVENUE  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number **59-3656360**

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

**JUELLE, TARA  
1590 HICKORY AVENUE  
TALLAHASSEE FL 32303**

Name **Elise F. Judelle**

Street Address (P.O. Box Number is Not Acceptable)

**1590 Hickory Avenue**

City **Tallahassee**

**FL**

Zip Code  
**32303**

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

**4-19-2005**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JUELLE, JESSE L  
1590 HICKORY AVENUE  
TALLAHASSEE FL 32303** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
JUELLE, ELISE F  
1590 HICKORY AVENUE  
TALLAHASSEE FL 32303** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4-19-2005 850-222-8611**