2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State
05-03-2004 90151 002 ***150.00

DOCUMENT # L02000033430

1. Entity Name
KALYVAS GROUP II LLC

Principal Place of Business	Mailing Address
111 SECOND AVENUE NE, SUITE 702 ST PETERSBURG, FL 33701	111 SECOND AVENUE NE, SUITE 702 ST PETERSBURG, FL 33701

34007158

04302004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0496382
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALYVAS, EFTHYMIOS V
680-76TH AVE
ST.PETE BEACH, FL 33706

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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 May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KALYVAS, EFTHYMIOS V
STREET ADDRESS	680 76TH AVE
CITY-ST-ZIP	ST.PETE BEACH, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Manager Member 5-1-2004 7278214989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #