

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034793

**FILED**  
**Jan 27, 2005**  
**Secretary of State**

**Entity Name:** KALOCOVA HOLDINGS, LLC

**Current Principal Place of Business:**

8356 CALUMET COURT  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880831  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

8356 CALUMET COURT  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 16-1674568

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANZIL, MARK  
8356 CALUMET COURT  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

ANZIL, LISA  
8356 CALUMET COURT  
PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: LISA ANZIL

01/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ANZIL, MARK  
Address: 8356 CALUMET COURT  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: ANZIL, LISA  
Address: 8356 CALUMET COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LISA ANZIL

MRS.

01/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date