

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90001 047 ****50.00

DOCUMENT # L03000016615

1. Entity Name
KALEY GROUP, LLC



Principal Place of Business
415 WEST KALEY STREET
ORLANDO, FL 32806

Mailing Address
415 WEST KALEY STREET
ORLANDO, FL 32806

20061107



06292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2357606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASSAL, WILLIAM A
415 WEST KALEY STREET
ORLANDO, FL 32806

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NASSAL, WILLIAM A CEO
415 W. KALEY STREET
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NASSAL, WILLIAM P PRES
415 WEST KALEY STREET
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROWN, MATTHEW S VP
415 W. KALEY STREET
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUTLER, DENNIS S VP
415 W. KALEY STREET
ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

6-29-05 407-648-0400

Date

Daytime Phone #