


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90235 007 \*\*\*138.75

<b>DOCUMENT # L04000010562</b>	
1. Entity Name <b>DIONY DON KALLOW, LLC</b>	

Principal Place of Business <b>2543 INDUSTRIAL BLVD. ORLANDO, FL 32804</b>	Mailing Address <b>2543 INDUSTRIAL BLVD. ORLANDO, FL 32804</b>
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2. Principal Place of Business - No P.O. Box # <b>4139 W. VINE ST.</b>	3. Mailing Address <b>4139 W. VINE ST.</b>
Suite, Apt. #, etc. <b>113</b>	Suite, Apt. #, etc. <b>113</b>

City & State <b>KISSIMMEE - FL</b>	City & State <b>KISSIMMEE - FL</b>
Zip <b>34741</b>	Zip <b>34741</b>
Country <b>OSCEOLA</b>	Country <b>OSCEOLA</b>



03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>47-0937429</b>	Applied For <input type="checkbox"/> Not Applicable
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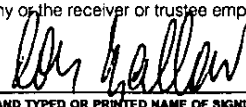
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KALLOW, DIONY D 2543 INDUSTRIAL BLVD. ORLANDO, FL 32804</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4139 W. VINE ST #113</b> City <b>KISSIMMEE</b> FL Zip Code <b>34741</b>
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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  Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM KALLOW, DIONY D 2543 INDUSTRIAL BLVD. ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <b>4-2-08</b> Daytime Phone # <b>312-608-0085</b>