2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-19-2005 90032 020 ****50.00

DOCUMENT # L04000011375

1. Entity Name
KALEY CITGO, L.L.C.

Principal Place of Business	Mailing Address
4663 CASON COVE DRIVE, #1823 ORLANDO, FL 33811	4663 CASON COVE DRIVE, #1823 ORLANDO, FL 33811

04122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		9020 PECKY CYPRESS WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO	
Zip	Country	Zip: FL-32836	Country: ORANGE

4. FEI Number 20-0744340 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LALANI, NOORUDDIN
4663 CASON COVE DRIVE, #1823
ORLANDO, FL 33811

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
9020 PECKY CYPRESS WAY

City ORLANDO FL Zip Code 32836

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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LALANI, NOORUDDIN T 4663 CASON COVE DRIVE, #1823 ORLANDO, FL 33811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9020 PECKY CYPRESS WAY ORLANDO-FL-32836	☒ Change ☐ Addition
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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: ______________________ 04/14/05 407-234-1977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #