

FILED
May 01, 2006 08:00 AM
Secretary of State

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APR 26, 2006 12:17

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000011375	
1. Entity Name KALEY CITGO, L.L.C.	
	
Principal Place of Business 4663 CASON COVE DRIVE, #1823 ORLANDO, FL 32811	Mailing Address 9020 PECAY CYPRESS WAY ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

04122008 No Chg-LLC

CR2E003 04/05

4. FEI Number
20-0744340

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

**LALANI, NOORUDDIN
9020 PECAY CYPRESS WAY
ORLANDO, FL 32836**

**DO NOT WRITE
IN THIS SPACE**

6. 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 date if applicable)

(NOTE: Registered Agent signature (required when /disclosure/)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MCRM LALANI, NOORUDDIN T 9020 PECAY CYPRESS WAY ORLANDO, FL 32836
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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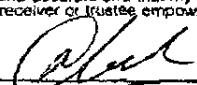
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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05/12/06-80064-009 55.00

**DO NOT WRITE
IN THIS SPACE**

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 605, Florida Statutes.

SIGNATURE: *x* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

x 04/27/06

Date

Day/Date Filed