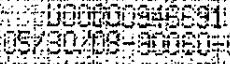
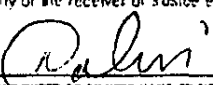


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May 05, 2008 08:00 AM
Secretary of State

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4/24/2008 1:27 PM FROM: Winnie Arora, CIA TO: 407-352-4435 PAGE: 002 OF 003

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000011375		
1. Entry Name KALEY CITGO, L.L.C.		
Principal Place of Business 4653 CASON COVE DRIVE, #1823 ORLANDO, FL 32811		Mailing Address 9020 PECAY CYPRESS WAY ORLANDO, FL 32836
		
04212008No Chg-LLC CR2E083 (12/07)		
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 9020 PECAY CYPRESS WAY ORLANDO, FL 32836		
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 _____ DATE _____ By signing, typist or printed name of registered agent or entity if applicable. (NOTE: Registered Agent signature is required for all filings.)		
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LALANI, NOORUDDIN T 9020 PECAY CYPRESS WAY ORLANDO, FL 32836	 05/30/08-80060-005-108.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 508, Florida Statutes.		
SIGNATURE:  5/04/08/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		