FILED
May 05, 2008 08:00 AM
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011375

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

Principal Place of Business	Mailing Address
4663 CASON COVE DRIVE, #1823 ORLANDO, FL 33811	9020 PECAY CYPRESS WAY ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

04212308 No 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
Signature, agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on this filing)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LALANI, NOORUDDIN T
STREET ADDRESS	9020 PECAY CYPRESS WAY
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
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05/30/08-00020-006 138.75

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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: _____ 04/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #