

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000022731 1. Entity Name KALMANSON INTERMEDIARY AGENCY, LLC	
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Principal Place of Business 235 SOUTH MAITLAND AVENUE, SUITE 201 MAITLAND, FL 32751	Mailing Address 235 SOUTH MAITLAND AVENUE, SUITE 201 MAITLAND, FL 32751
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01242007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2149924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALMANSON, MITCHEL
 235 SOUTH MAITLAND AVENUE, SUITE 201
 MAITLAND, FL 32751

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

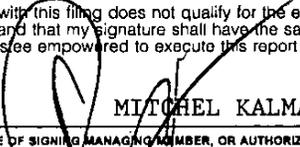
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALMANSON, MITCHEL 235 SOUTH MAITLAND AVENUE, SUITE 201 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000620755
 02/09/07-80048-018 50.00

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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:  MITCHEL KALMANSON 1/26/07 407-645-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #