

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035294

FILED
Apr 23, 2006
Secretary of State

Entity Name: KALLI'S PARTNERSHIP, L.L.C.

Current Principal Place of Business:

421 PINESONG DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

205 FLAME AVE.
MAITLAND, FL 32751 US

Current Mailing Address:

PO BOX 181219
CASSELBERRY, FL 32718

New Mailing Address:

FEI Number: 02-0722302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, FRANKLIN T
421 PINESONG DR.
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ALLEN, FRANKLIN T
205 FLAME AVE.
MAITLAND, FL 32751 US

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.

SIGNATURE:

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLEN, F.T.
Address: 421 PINESONG DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLEN, F.T.
Address: 205 FLAME AVE.
City-St-Zip: MAITLAND, FL 32751

Title: MEM () Change (X) Addition
Name: ALLEN, CLARA K
Address: 205 FLAME AVE.
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANKLIN T. ALLEN

MGR

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date