2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L04000035294

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

Current Principal Place of Business:

205 FLAME AVE.
MAITLAND, FL 32751 US

New Principal Place of Business:

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
205 FLAME AVE.
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) 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: F.T. ALLEN MGR 02/06/2007

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