

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035294

FILED
Jan 23, 2009
Secretary of State

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

MD

01/23/2009

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