## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000065421

1. Entity Name KALIN FINANCIAL, LLC



FILED Feb 07, 2006 08:00 AM Secretary of State

Principal Place of Business 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231

Mailing Address

5252 S. TAMIAMI TRAIL SARASOTA, FL 34231



DO NOT WRITE IN THIS SPACE

01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 55-0880598 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALIN, EDWARD L 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231

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## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the purpose of chan<br>tions of registered agent. | iging its registered office or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when rehistating). DATE |   |  |  |  |  |  |  |  |
| F   | iling Fee is \$50.00<br>ue by May 1, 2006   | vie E regional agranda required in the same gr         |  |  |  |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS   |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR KALIN, EDWARD L 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231                              |  | U00000424798<br>02/18/06-80062-020 50.00                     |  |  |  |  |  |
| TITLE NAME STHEET ADDRESS CITY-ST-ZIP   | MGR<br>KALIN, ALYCE<br>5252 S. TAMIAMI TRAIL<br>SARASOTA, FL 34231                        |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | DO   | NOT WRITE  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   |   | IN.  | THIS SPACE   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   |   |  |  |  |  |  |  |  |

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.

| IGNATURE: | - Cal           | wh             | L         | X          | for      | مسر        |                |
|-----------|-----------------|----------------|-----------|------------|----------|------------|----------------|
| SIGNATURE | AND TYPED OR PI | RINTED NAME OF | SIGNING M | ANAGING ME | MBER, OR | AUTHORIZED | REPRESENTATIVE |

1/31/06

941-924-12

Daytime Phone #