

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080671

FILED
Apr 22, 2008
Secretary of State

Entity Name: KALAMI, LLC

Current Principal Place of Business:

3183 SHORELINE DR.
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

3183 SHORELINE DR.
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGNACIO, SUSAN S
3183 SHORELINE DR.
CLEARWATER, FL 33760 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: ALFONSO, DON J
Address: 108 FLAGLER PLAZA DR
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM () Delete
Name: ALFONSO, ALLAN
Address: 3537 CALLE SUENOS
City-St-Zip: RIO RANCHO, NM 87124 US

Title: MGR () Delete
Name: GULLAS, JOSELITO F
Address: 39 COTTONWOOD COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: MGRM () Delete
Name: BARROS, MELCHOR G
Address: 1301 PLANTATION ISLAND DR., 102B
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGRM () Delete
Name: IGNACIO, SUSAN S
Address: 3183 SHORELINE DR.
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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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: SUSAN S. IGNACIO

MS.

04/22/2008

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