

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087788

Entity Name: KALI ROOF L.L.C.

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

433 8TH AVE. W.
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

433 8TH AVE. W.
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 20-3528623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTHROP, ANN
433 8TH AVE. W.
PALMETTO, FL 34221 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: KALLINS, SCOTT B
Address: 433 8TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: LITTLE, MELTON H
Address: 433 8TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: DELGADO, JAIME L
Address: 433 8TH AVE. W.
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: DELGADO, LUIS
Address: 1144 OCOEE-APOKA RD. UNIT 106
City-St-Zip: APOKA, FL 32703

ADDITIONS/CHANGES:

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

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

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 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: SCOTT KALLINS

MGR

01/29/2007

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