

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000099650

FILED
May 03, 2007
Secretary of State**Entity Name:** CALI GROUP LLC**Current Principal Place of Business:**6301 SEDGEWYCK CIRC W
DAVIE, FL 33331**New Principal Place of Business:****Current Mailing Address:**6301 SEDGEWYCK CIRC W
DAVIE, FL 33331**New Mailing Address:****FEI Number:** 20-3608580**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GODOY, MIRNA N
6301 SEDGEWYCK CIRC W
DAVIE, FL 33331 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: GODOY, MIRNA N
Address: 6301 SEDGEWYCK CIRC W
City-St-Zip: DAVIE, FL 33331**Title:** MGRM () Delete
Name: PORTILLO, BLANCA O
Address: 6301 SEDGEWYCK CIRC W
City-St-Zip: DAVIE, FL 33331**Title:** MGRM () Delete
Name: GOGOY, JOSE V
Address: 6301 SEDGEWYCK CIRC W
City-St-Zip: DAVIE, FL 33331**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: PORTILLO, HECTOR A
Address: 6301 SEDGEWYCK CIRC W
City-St-Zip: DAVIE, FL 33331**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: JOSE GODOY

MGRM

05/03/2007

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