
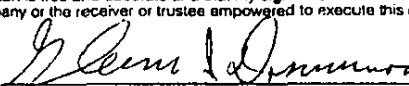
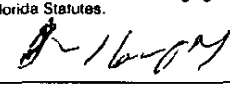


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/1

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90062 026 \*\*\*\*50.00

<b>DOCUMENT # L06000027584</b> 1. Entity Name 1514 KALEY, LLC						
Principal Place of Business 2945 LAKE PINELOCH BLVD. ORLANDO, FL 32806 US			Mailing Address 2945 LAKE PINELOCH BLVD. ORLANDO, FL 32806 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DRUMMOND, GLENN I 2945 LAKE PINELOCH BLVD ORLANDO, FL 32806				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;">DATE _____</div>						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>				<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRUMMOND, ALMA S			NAME		
STREET ADDRESS	2945 LAKE PINELOCH BLVD			STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32806			CITY - ST - ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRUMMOND, GLENN I			NAME		
STREET ADDRESS	2945 LAKE PINELOCH BLVD			STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32806			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - 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.						
<b>SIGNATURE:</b> 						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>		