2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2008 08:00 Al Secretary of State

ANNOAL KEFOK		
DOCUMENT # L06000120715 1. Entity Name CAVALLI, LLC		
Principal Place of Business 2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803	Mailing Address 2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803	



DO NOT WRITE IN THIS SPACE

CR2E083 (12/07) 01232008 No Chg-LLC

4. FEI Number 20-8694148

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

2000 EAS	S, GARY F T EDGEWOOD DRIVE, SUITE 102 D, FL 33803	DO NOT WRITE IN THIS SPACE
the obligat	tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and atte if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE:
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9. ***	· · · · · MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRELELA MANAGEMENT COMPANY 2000 EAST EDGEWOOD DRIVE, SUITE 102 LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000833700 02/28/08-80024-004 138.75
TITLE NAMF STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME : STREET ADDRESS CITY-ST-ZIP	A TOME SHARM A PROPERTY OF THE	
11. I hereby c indicated limited lial	ertify that the information supplied with this filing does not on this report is true and accurate and that my signature shall be company of the received of trustee among and to average the same of the received of trustee among and the same of the received of trustee among and the same of the received of trustee among and the same of the received of trustee among and the same of the received of trustee among and the same of the received of trustees among and the same of the received of trustees among and the same of the received of trustees among and the same of t	qualify for the exemptions contained in Chapter 119, Florida Statutes: I further certify that the information— hall have the same legal effect as if made under oath; that I am a managing member or manager of the stute this report as required by Chapter 608, Florida Statutes

adous SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #