

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001560

Entity Name: KAMLA, L.L.C.

FILED
Mar 17, 2005
Secretary of State

Current Principal Place of Business:

4720 HIGHWAY 90 WEST
LAKE CITY, FL 32055

New Principal Place of Business:

162 NW BIRDIE LANE
LAKE CITY, FL 32055

Current Mailing Address:

5 ALMOND DRIVE TRACE
OCALA, FL 34472

New Mailing Address:

1726 SW 27TH ST
OCALA, FL 34474 US

FEI Number: 65-1038965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ANIL D
5 ALMOND DRIVE TRACE
OCALA, FL 34472 US

Name and Address of New Registered Agent:

PATEL, ANIL D
1726 SW 27TH ST
OCALA, FL 34474 US

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: ANIL PATEL

03/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PATEL, MAHENDRA G
Address: RT 13 BOX 1334
City-St-Zip: LAKE CITY, FL 32055

Title: MGR () Delete
Name: PATEL, ANIL D
Address: 5 ALMOND DRIVE TRACE
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, MAHENDRA G
Address: 162 NW BIRDIE LANE
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGR (X) Change () Addition
Name: PATEL, ANIL D
Address: 1726 SW 27TH ST
City-St-Zip: OCALA, FL 34474 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANIL PATEL

MGR

03/17/2005

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