2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2005 08:00 A Secretary of State

	ANNUAL	REPORT ·	, .4 ,	1 S	ecretary of S	
DOCUMENT # L9900004714 1. Entry Name					J	
KILGORE	E REALTY L.C.					
Puncipal Plac		Mailing Address				
9986 KILGORE ROAD 9986 KILGORE ROAD ORLANDO, FL 32836 ORLANDO, FL 32836						
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.	A NOT WOITE	IN THIS COA	04132005No Chg-LLC CR2E083 (10/03)			
DO NOT WRITE IN THIS SPA				4. FEI Number 59-3590209	Applied For Not Applicable	
			į	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	1			
DELLI PAOLI, ANDREW D				DO NOT WRI	TE	
9986 KILGORE ROAD ORLANDO, FL 32836			IN THIS SPACE			
				M TING OFA	OL.	
		the purpose of chariging its register	ed office or register	ed agent, or both in the State of Florida	Lam familiar with, and accept	
,	ions of registered agent					
Signature is ped or printed name of registered ayent and tire if applicable (NOTE, Registere			d Agent signature required	wenterstang) (DATE	
	iling Fee is \$50.00 ue by May 1, 2005					
9,	MANAGING MEMBERS/MANAGERS			Unangagasta		
THTLE NAME	MGRM DELLI PAOLI, ANDREW		Ĭ	04/25/95-89	1161-018 55.M	
STREET ADDRESS	9986 KILGORE ROAD		į			
Cafy-St-Ze Tutte	ORLANDO, FL					
NAME	!		}			
STREET ADDRESS			[
TITLE			 			
MAME			ł			
STREET ADDRESS OUT 4-ST-7/P			DO NOT WRITE IN THIS SPACE			
						NAME
STREET ADDRESS						
City-ST-ZIP			4			
T-16 E NAME			1			
STREET ADDRESS			Į.			

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fronda 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 it made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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

Date

Daytime Phone #