

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90075 018 ****50.00

DOCUMENT # LC3000048588
1. Entity Name
CALIFAMO LLC.



DO NOT WRITE IN THIS SPACE

20024059

CR2E083B (8/05)

2. Principal Place of Business
5058 Bunyan St.
Suite, Apt. #, etc.

3. Mailing Address
5058 Bunyan St.
Suite, Apt. #, etc.

City & State
SARASOTA, FL.

City & State
SARASOTA, FL.

Zip
34232

Country
U.S.A

Zip
34232

Country
U.S.A

4. FEI Number
200429151

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Vincent G. Califamo

Street Address (P.O. Box Number is Not Acceptable)

5058 Bunyan St.

City
SARASOTA

FL Zip Code
34232

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 V.G. Califamo
Signature, typed or printed name of registered agent and title if applicable.

4-1-06
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>OWNER-MGRM</u> <u>Vincent G. Califamo</u> <u>5058 Bunyan St.</u> <u>SARASOTA, FL. 34232</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: V.G. Califamo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-06 (941)724-5058
Date Daytime Phone #