

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071345

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: CAL SOUTH PROPERTIES, LLC

**Current Principal Place of Business:**

% JAMES MATTHEW RAGEN  
99 KENTUCKY AVE.  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

% TAMMI M. HARRINGTON  
3106 N. PUENTE ST.  
FULLERTON, CA 92835

**New Mailing Address:**

FEI Number: 04-3844610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAGEN, JAMES M  
99 KENTUCKY AVE.  
LYNN HAVEN, FL 32444      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ERSEK, ANDREW L  
Address: 625 LEMON HILL TERRACE  
City-St-Zip: FULLERTON, CA 92632

Title: MGRM ( ) Delete  
Name: ERSEK, MARION A  
Address: 625 LEMON HILL TERRACE  
City-St-Zip: FULLERTON, CA 92632

Title: MGRM ( ) Delete  
Name: HARRINGTON, STEVEN L  
Address: 3106 N. PUENTE ST.  
City-St-Zip: FULLERTON, CA 92835

Title: MGR ( ) Delete  
Name: HARRINGTON, TAMMI M  
Address: 3106 N. PUENTE ST.  
City-St-Zip: FULLERTON, CA 92835

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TAMMI HARRINGTON

MRS

04/27/2009

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