

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90187 034 \*\*\*538.75

<b>DOCUMENT # L07000041959</b>					
1. Entity Name <b>CAL, LLC</b>					
Principal Place of Business <b>11207 ORANGE HIBISCUS LANE PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>11207 ORANGE HIBISCUS LANE PALM BEACH GARDENS, FL 33418</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05142008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>20-8897585</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>WICKBERG, DAWN ALLYN 11207 ORANGE HIBISCUS LANE PALM BEACH GARDENS, FL 33418</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<i>Managing member Dawn Allyn Wickberg 11207 Orange Hibiscus Lane Palm Beach Gardens, FL 33418</i>		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Dawn Wickberg</i>			Date: <i>05/14/08</i>		Daytime Phone #: <i>(561) 776-5251</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					