


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

07-27-2005 90014 005 ****50.00

DOCUMENT # L04000009971					
1. Entity Name CALLEN COMPANY, LLC					
Principal Place of Business 8870 N. HIMES AVE #242 TAMPA, FL 33614			Mailing Address 8870 N. HIMES AVE TAMPA, FL 33614		
2. Principal Place of Business		3. Mailing Address 8870 N. Himes Ave #242			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FL		4. FEI Number 20-0878450	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33614		Country USA		07252005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CALLEN, DAVID H 8870 N. HIMES AVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name DAVID H. Callen Street Address (P.O. Box Number is Not Acceptable) 8870 N. Himes Ave #242 City TAMPA FL FL Zip Code 33614		
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 <u>David H. Callen</u> (NOTE: Registered Agent signature required when renouncing) DATE <u>7/25/05</u>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
10. ADDITIONS/CHANGES					
DAVID H. Callen, TAMPA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
8870 N Himes Ave #242					
TAMPA FL 33614					
MICHAEL Callen <input type="checkbox"/> Change <input type="checkbox"/> Addition					
8870 N. Himes Ave #242					
TAMPA, FL 33614					
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: <u>David H. Callen</u> DATE <u>7-25-05</u> 813 2208586					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30010692

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 28, 2005

DHC, LLC
8870 N. HIMES AVE
#242
TAMPA, FL 33614

Subject: **DHC, LLC**

Reference Number: **L04000009971**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/sc

ANNUAL REPORTS SECTION