2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State
06-20-2007 90050 012 ****55.00

DOCUMENT # L00000001965

1. Entity Name
CALYPSO LLC

Principal Place of Business	Mailing Address
12067 EDGEWATER DR. N. PALM BEACH GARDENS, FL 33410	12067 EDGEWATER DR. N. PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

06132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0987486
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WARD, PHILIP H III
12067 EDGEWATER DR. W.
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HARMS, HAROLD HENRY
STREET ADDRESS	12067 EDGEWATER DR. N.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	HARMS, DOROTHEA
STREET ADDRESS	12067 EDGEWATER DR. N.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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.

SIGNATURE: Dorothea B. Harms DOROTHEA B HARMS 6-13-07 (561) 624-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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ATTACHMENT

#600052052

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SIGNATURE _____ DATE
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Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HARMS, HAROLD HENRY
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CALYPSO L.L.C.
BLDG. 343
BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33831

63-597/631 4
0400007020

1162

DATE Jan. 10, 2007

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE $ 55.00

fifty five and 00/100 DOLLARS

CITRUS & CHEMICAL BANK
8 NORTH CHARLESTON AVENUE
FT. MEADE, FLORIDA 33841

MEMO Annual Report L00000001965

Dorothea B. Harms

I hereby 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 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: Dorothea B. Harms 1-10-07 (561) 624 1421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #