

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012350

Entity Name: CALUSA CERTIFIED MARINE, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

1136 NE PINE ISLAND RD
64
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1136 NE PINE ISLAND RD
STE #64
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1048016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DR., SUITE B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

MADIA, JOSEPH V
1136 PINE ISLAND RD
13
CAPE CORAL, FL 33909 US

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: JOSEPH V. MADIA

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIREZ, JOSEPH D
Address: 2538 SW 26TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: PIREZ, JILL L
Address: 2538 SW 26TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: LOVRINCE, JEROME G
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Delete
Name: LOVRINCE, NONA
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIREZ, JOSEPH D
Address: 5272 TAMAMI CT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change () Addition
Name: LOVRINCE, JEROME G
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change () Addition
Name: LOVRINCE, NONA
Address: 1200 SW 48TH TER
City-St-Zip: CAPE CORAL, FL 33914

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME G. LOVRINCE

MGRM

04/25/2006

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