


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000866
 1. Entity Name
 XCALAK, L.L.C.



| | |
|---|---|
| Principal Place of Business 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 | Mailing Address 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 |
|---|---|

DO NOT WRITE IN THIS SPACE



02052004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 02-0556951 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 RAHDERT, GEORGE K
 535 CENTRAL AVENUE
 ST. PETERSBURG, FL 33701

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

Filing Fee is \$50.00 Due by May 1, 2004 U00000042422
 02/10/04-80023-017 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FLAHERTY, BARRY 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Barry Flaherty 2/6/04 - 727/823-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #