


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90051 003 \*\*\*\*50.00

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

2. Principal Place of Business  
 2001 1/2 1st AVE N.  
 Suite, Apt. #, etc.

3. Mailing Address  
 4111 12th ST. N.  
 Suite, Apt. #, etc.

City & State  
 ST. PETERSBURG FL

City & State  
 ST. PETERSBURG FL

Zip  
 33713

Country  
 Pinellas

Zip  
 33703

Country  
 Pinellas

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 02-0556951

Applied For  
 Not Applicable

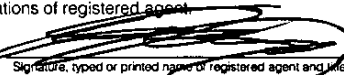
5. Certificate of Status Desired  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
 WALKER, KIM S  
 2717 45 WAY NORTH  
 SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent  
 Name BARRY J. FLAHERTY  
 Street Address (P.O. Box Number is Not Acceptable)  
 4111 12th STREET NORTH  
 City ST. PETERSBURG FL Zip Code 33703

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 4/20/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGR	FLAHERTY, BARRY	<input checked="" type="checkbox"/> Delete	TITLE MGR	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, BARRY		NAME	BARRY J. FLAHERTY	
STREET ADDRESS	535 CENTRAL AVENUE		STREET ADDRESS	4111 12th STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701		CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  BARRY J. FLAHERTY DATE 4/20/06 (727) 709-3797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE