

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008984

Entity Name: CALOOSA COOLING, L.L.C.

FILED  
Jan 09, 2007  
Secretary of State

## Current Principal Place of Business:

322 SOUTH GUNNERY RD.  
SUITE A  
LEHIGH ACRES, FL 33971

## New Principal Place of Business:

## Current Mailing Address:

322 SOUTH GUNNERY RD.  
SUITE A  
LEHIGH ACRES, FL 33971

## New Mailing Address:

FEI Number: 65-1109154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUNZ, JONATHAN D  
1130 VESPER DR  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

KUNZ, JONATHAN D  
3876 HIDDEN ACRES CIRCLE N  
N FT MYERS, FL 33903 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: JONATHAN D KUNZ

01/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KUNZ, JONATHAN  
Address: 1130 VESPER DR  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR ( ) Delete  
Name: FURY, GLENN J  
Address: 19321 TURKEY RUN LN  
City-St-Zip: ALVA, FL 33920

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KUNZ, JONATHAN  
Address: 3876 HIDDEN ACRES CIRCLE N  
City-St-Zip: N FT MYERS, FL 33903

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: JONATHAN D KUNZ

MGR

01/09/2007

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