2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006999

Entity Name: CALVIN ENTERPRISES, LLC

FILED Jun 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14378 CYPRESS ISLAND CIRCLE 2560 WHISPERING OAKS LANE PALM BEACH GARDENS, FL 33410 DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

14378 CYPRESS ISLAND CIRCLE 2560 WHISPERING OAKS LANE PALM BEACH GARDENS, FL 33410 DELRAY BEACH, FL 33445

FEI Number: 47-0861716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALVIN, PAUL T
14378 CYPRESS ISLAND CIRCLE
PALM BEACH GARDENS, FL 33410 US

CALVIN, PAUL T
2560 WHISPERING OAKS LANE
DELRAY BEACH, FL 33445 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: 06/30/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: CALVIN, PAUL T Name: CALVIN, PAUL T

Address: 14378 CYPRUS ISLAND CIRCLE Address: 2560 WHISPERING OAKS LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL T. CALVIN MGRM 06/30/2005