

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000020748

1. Entity Name
CALYPSO LEASING, LLC



Principal Place of Business

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

Mailing Address

12067 EDGEWATER DR.
PALM BEACH GARDENS, FL 33410



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0741988

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANTON, ROGER C
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

000000589852
01/18/07-80033-014 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HARMS, HAROLD H II
STREET ADDRESS	7169 N. 49TH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	MGR
NAME	HARMS, DOROTHEA B
STREET ADDRESS	12067 EDGEWATER DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Dorothea B. Harms

1-10-07 (561) 624 1421

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

Date

Daytime Phone #