

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 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**



01072008 No Chg-LLC

CR2E083 (12/07)

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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75**

U000000776865

01/09/08 00041 013 143.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARMS, HAROLD H II 7169 N. 49TH TERRACE WEST PALM BEACH, FL 33407 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HARMS, DOROTHEA B 12067 EDGEWATER DR. PALM BEACH GARDENS, FL 33410 |
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**DO NOT WRITE
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 **DOROTHEA B. HARMS, MGR, 1/9/08 (SG) 6241421**

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

Date

Daytime Phone #