


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90361 050 ****55.00

DOCUMENT # L03000047682

1. Entity Name
CAL TEC, LLC



Principal Place of Business
1003 QUAKER RIDGE COURT
OVIDEO FL 32765

Mailing Address
1003 QUAKER RIDGE COURT
OVIDEO FL 32765

2. Principal Place of Business
CAL TEC CONSTRUCTION

3. Mailing Address
1003 Quaker Ridge Ct

Suite, Apt. #, etc.

City & State
OVIDEO FL

Zip
32768

Country
SEM



MOORE CR2E083 (11/03)

4. FFL Number
270072971

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

6. Name and Address of Current Registered Agent
KOLINS, RAY
1003 QUAKER RIDGE COURT
OVIDEO FL 32765

7. Name and Address of New Registered Agent
RAY KOLINS
1003 QUAKER RIDGE CT
OVIDEO FL
FL 32765

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 *Ray Kolins* (NOTE: Registered Agent signature required when reinstating) DATE **4-18-04**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

None

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLINS, RAY 1003 QUAKER RIDGE COURT OVIDEO FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 *Ray Kolins* DATE **4-18-04** DAYTIME PHONE **7189008**