


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 023 \*\*\*\*50.00

<b>DOCUMENT # L03000047682</b> 1. Entity Name CAL TECH CONSTRUCTION, LLC	
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Principal Place of Business CAL TEC CONSTRUCTION 1003 QUAKER RIDGE CT OVIDO FL 32768	Mailing Address CAL TEC CONSTRUCTION 1003 QUAKER RIDGE CT OVIDO FL 32768
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2. Principal Place of Business <i>1003 Quaker Ridge CT</i>	3. Mailing Address <i>1003 Quaker Ridge Ct</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State <i>OVIDO FL</i>	City & State <i>OVIDO FL</i>	4. FEI Number 27-0072971	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32765</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KOLINS, RAY 1003 QUAKER RIDGE CT OVIDO FL 32765	7. Name and Address of New Registered Agent Name Street Address (P.O./Box Number is Not Acceptable) <i>None</i> City <i>FL</i> Zip Code
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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]* DATE *4-29-05*

Signature, print or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLINS, RAY 1003 QUAKER RIDGE COURT OVIDO FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Large handwritten mark]</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Large handwritten mark]</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Large handwritten mark]</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Large handwritten mark]</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Large handwritten mark]</i> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date *4-29-05* Daytime Phone #

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