

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2005 90014 041 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000010545</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |  |                                                                   |
| 1. Entity Name<br><b>CALVIN MANAGEMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                   |                                                                   |
| Principal Place of Business<br><b>7494 FLOYD DRIVE<br/>PENSACOLA, FL 32526</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | Mailing Address<br><b>7494 FLOYD DRIVE<br/>PENSACOLA, FL 32526</b>                |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                               | Zip                                                                               | Country                                                           |
| 4. FEI Number<br><b>73-1694776</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       | 5.00 Additional Fee Required                                                      |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>HENDERSON, CHAD<br/>2039 CENTRE POINTE BLVD.<br/>SUITE 103<br/>TALLAHASSEE, FL 32308</b>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | 7. Name and Address of New Registered Agent                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | Name                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | Street Address (P.O. Box Number is Not Acceptable)                                |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | City                                                                              |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       | FL Zip Code                                                                       |                                                                   |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>PRESIDENT<br/>JACK Henderson<br/>7494 Floyd Dr. Pens. FL 32526</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>V.P.<br/>CHAD Henderson<br/>7494 Floyd Dr<br/>Pens. FL 32526</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | 4/15/05 (850) 944-1326                                                            |                                                                   |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                                                   |                                                                   |