
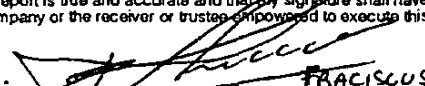


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-02-2005 90520 011 ****50.00

DOCUMENT # L04000016495					
1. Entity Name CALLCO ENTERPRISE, LLC					
Principal Place of Business 6910 BAMBOO STREET MIAMI LAKES FL 33014			Mailing Address 6910 BAMBOO STREET MIAMI LAKES FL 33014		
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 200871348	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEENMAN, FRANCISCUS 6910 BAMBOO STREET MIAMI LAKES FL 33014				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 _____					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEENMAN, FRANCISCUS J		NAME		
STREET ADDRESS	6910 BAMBOO STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEENMAN, EVANGELINA		NAME		
STREET ADDRESS	6910 BAMBOO STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUJOLD, JOHN		NAME		
STREET ADDRESS	6363 SANDHILLS CIRCLE, WINSTON TRAILS		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUJOLD, JANNEKE E		NAME		
STREET ADDRESS	6363 SANDHILLS CIRCLE, WINSTON TRAILS		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEENMAN, PETER F		NAME		
STREET ADDRESS	14471 S.W. 139TH AVENUE CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	COUNTRY WALK, MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			FRANCISCUS J. LEENMAN		
SIGNATURE AND FULLY PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5-23-2005 Daytime Phone 305-558-3683		