

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020581

FILED
Jan 12, 2007
Secretary of State

Entity Name: BLOMQUIST-CALUSA COTTAGE, LLC

Current Principal Place of Business:

8009 HERB FARM DRIVE
BETHESDA, MD 20817

New Principal Place of Business:

8009 HERB FARM DRIVE
BETHESDA, MD 20814

Current Mailing Address:

C/O WEST & FEINBERG, P.C.
4550 MONTGOMERY AVE., SUITE 775N
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 20-0878577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITCHIE, RONALD W ESQ
5129 CASTELLO DRIVE, STE. 4
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOMQUIST, C. WILLIAM
Address: 8009 HERB FARM DRIVE
City-St-Zip: BETHESDA, MD 20817

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLOMQUIST, C. WILLIAM
Address: 8009 HERB FARM DRIVE
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C. WILLIAM BLOMQUIST

MGRM

01/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date