

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033911

**Entity Name:** CALVIN R. FISCUS, LLC

**FILED**  
**Mar 13, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

907 NW 112TH COURT  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

907 NW 112TH COURT  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 20-1081741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FISCUS, CALVIN R  
907 NW 112TH COURT  
OCALA, FL 34482 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: PRES ( ) Delete  
Name: FISCUS, CALVIN R MR.  
Address: 907 NW 112CT  
City-St-Zip: OCALA, FL 34482 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CALVIN R. FISCUS

PRES

03/13/2006

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