# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 10, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000040124

1. Entity Name
CALEDONIAN LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1800 SECOND STREET, STE. 745<br>SARASOTA, FL 34236 | 1800 SECOND STREET, STE. 745<br>SARASOTA, FL 34236 |

07032006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-1159004
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PLUM, LAURA A CPA
1800 SECOND STREET, STE. 745
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.* *(NOTE: Registered Agent signature required when reinstating)* DATE

**Filing Fee is $50.00**
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | CALLADINE, MALCOLM |
| STREET ADDRESS | 1800 SECOND STREET, STE. 745 |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | MGRM |
| NAME | CALLADINE, JANET |
| STREET ADDRESS | 1800 SECOND STREET, STE. 745 |
| CITY-ST-ZIP | SARASOTA, FL 34236 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000569314
07/11/06-80020-020 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ TM July 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #