


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000040124 1. Entity Name CALEDONIAN LLC	
---	---

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

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1159004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. 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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLADINE, MALCOLM 1800 SECOND STREET, STE. 745 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALLADINE, JANET 1800 SECOND STREET, STE. 745 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	

U000000605251
01/30/07-80028-012 50.00

**DO NOT WRITE
IN THIS SPACE**

I 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/07

Date

941-360-6700

Daytime Phone #