

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000040923

1. Entity Name  
CALUMA PROPERTIES, L.L.C.



Principal Place of Business  
210 174TH STREET APT. 1205  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
210 174TH STREET APT. 1205  
SUNNY ISLES BEACH, FL 33160

**DO NOT WRITE IN THIS SPACE**



04242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1184413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUZMAN & GUZMAN, P.A.  
9130 S. DADELAND BOULEVARD, STE. 1504  
MIAMI, FL 33156

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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, 2006

U00000541731  
05/10/06-80070-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGANIS, EDUARDO H 210 174TH STREET APT. 1205 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGANIS, CAROLINA M 210 174TH STREET APT. 1205 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGANIS, LUIS E 210 174TH STREET APT. 1205 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEGANIS, MARINA V 210 174TH STREET APT. 1205 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: \_\_\_\_\_

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

04/25/06  
Date

305.999.0399  
Daytime Phone #