


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90310 038 ****50.00

DOCUMENT # L04000040923	
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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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007

Chg-LLC

CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9130 S DADELAND BLVD. STE. # 1600

City

MIAMI

FL

Zip Code

33156

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEGANIS, EDUARDO H	
STREET ADDRESS	210 174TH STREET APT. 1205	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEGANIS, CAROLINA M	
STREET ADDRESS	210 174TH STREET APT. 1205	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEGANIS, LUIS E	
STREET ADDRESS	210 174TH STREET APT. 1205	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DEGANIS, MARINA V	
STREET ADDRESS	210 174TH STREET APT. 1205	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

CAROLINA DEGANIS MANAGING MEMBER

02/07/07

Date

355.PPP 038P

Daytime Phone #