

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90429 020 ****50.00

DOCUMENT # L04000067067

1. Entity Name
STEPHEN CALI, LLC



Principal Place of Business Mailing Address
 1201 SEMINOLE BLVD. #264 1201 SEMINOLE BLVD. #264
 LARGO FL 33770 LARGO FL 33770

2. Principal Place of Business 3. Mailing Address
 22 14TH Ave. S.W. 22 14TH Ave. S.W.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 LARGO, Florida LARGO, Florida
 Zip Country Zip Country
 33770 Pinellas 33770 Pinellas

4. FEI Number Applied For
 83-0406210 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CALI, STEPHEN
 1201 SEMINOLE BLVD. #264
 LARGO FL 33770

7. Name and Address of New Registered Agent
 Name STEPHEN CALI
 Street Address (P.O. Box Number is Not Acceptable)
 22 14TH AVE S.W.
 LARGO
 City FL Zip Code 33770

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALI, STEPHEN 1201 SEMINOLE BLVD. #264 LARGO FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALI, STEPHEN 22 14TH AVE S.W. LARGO, FLORIDA 33770 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Stephen Cali
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #