2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE

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FILED Jan 22, 2007 08:00 AM **DOCUMENT # L04000075826 Secretary of State** 1. Entity Name LA CALETA, LLC Principal Place of Business Mailing Address **42 SPANISH STREET 42 SPANISH STREET** ST. AUGUSTINE, FL. 32084 ST. AUGUSTINE, FL 32084 01072007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1771405 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALL, ROBERT M DO NOT WRITE **42 SPANISH STREET** ST. AUGUSTINE, FL 32084 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) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE HALL, GUDRUN G NAME 42 SPANISH STREET STREET ADDRESS ST. AUGUSTINE, FL. 32084 CITY-ST-ZIP **MGRM** MILE U00000596126 HALL, ROBERT M NAME 01/23/07-80067-005-55.00 STREET ADDRESS **42 SPANISH STREET** CITY-ST-ZIP ST. AUGUSTINE, FL. 32084 nne NAME STREET ADDRESS DO NOT WRITE CITY-ST-7P ITTLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 peport as required by Chapter 608, Florida Statutes.

SIGNATURE: Daytime Phone #