
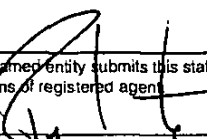
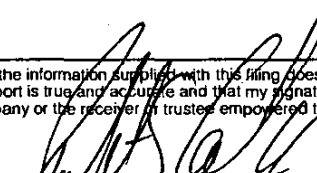


**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

14005833

<b>DOCUMENT # L04000077527</b>		<b>Secretary of State</b> 04-28-2005 90036 018 *****50.00	
1. Entity Name <b>ROBERT CALISTRI LLC</b>			
Principal Place of Business <b>200 4TH AVE S., #411 ST PETE, FL 33701</b>		Mailing Address <b>200 4TH AVE S., #411 ST PETE, FL 33701</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CALISTRI, ROBERT 200 4TH AVE SOUTH #411 ST PETE, FL 33701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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  <b>ROBERT CALISTRI</b> DATE <b>4/4/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CALISTRI, CLORINDA 200 4TH AVE., S. #411 ST PETE, FL 33701</b> <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 exemption stated in Section 119.07(3)(i), 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. <b>SIGNATURE:</b>  DATE <b>4/4/05</b> <b>727-6435607</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>			