## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000083211



FILED Feb 27, 2006 08:00 AM Secretary of State

Principal Place of Business

DO NOT WRITE IN THIS SPACE

Mailing Address

2460 VANDERBILT BEACH ROAD, #404 NAPLES, FL 34109

CALUSA GALLERY, L.L.C.

2460 VANDERBILT BEACH ROAD, #404 NAPLES, FL 34109



02242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0529362 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

239 594 3888

6. Name and Address of Current Registered Agent

DUSEK, ALEX 2460 VANDERBILT BEACH ROAD, #404 NAPLES, FL 34109

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char- tions of registered agent.	ging its registered office or	registered agent, or both, in the s	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature	e required when reinstating)	OATE
F	ifing Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUSEK, ALEX 2460 VANDERBILT BEACH ROAD, E404 NAPLES, FL 34109			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ú3/	08/06-80055-004-50,00
TITLE NAME STREET ADDRESS CITY-ST-ZEP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SSPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature all ability company or the receiver or trustee empowered to exe	qualify for the exemptions of half have the same legal effi- cute this report as required	ontained in Chapter 119, Florida ect as if made under cath; that I by Chapter 608, Florida Statutes	Statutes. I further certify that the information am a managing member or manager of the

ALEX DUSEK

SIGNATURE AND TYPED OR PRINTED WAKE OF SIGNING MANAGING HEIRBER, OR AUTHORIZED REPRESENTATIVE