


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90132 038 ****50.00

DOCUMENT # L04000088171 1. Entity Name CALOOSA OAKS, LLC			
Principal Place of Business 2180 IMMOKALEE ROAD SUITE 309 NAPLES, FL 34110		Mailing Address 2180 IMMOKALEE ROAD SUITE 309 NAPLES, FL 34110	
2. Principal Place of Business 5645 Strand Blvd. Suite, Apt. #, etc.		3. Mailing Address 5645 Strand Blvd. Suite, Apt. #, etc.	
City & State Naples, FL 34110 Zip Country		City & State Naples, FL 34110 Zip Country	
4. FEI Number 20-2110890		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLOHN, WILLIAM L 2180 IMMOKALEE RD SUITE 309 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name J. Thomas Conroy, III Street Address (P.O. Box Number is Not Acceptable) 2210 Vanderbilt Beach Rd., Suite 1201 City Naples FL Zip Code 34109	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MDG CAPITAL CORPORATION 2180 IMMOKALEE ROAD STE 309 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member John Globetti 5645 Strand Boulevard Naples, FL 34110 <input type="checkbox"/> Change <input checked="" 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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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
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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		John Globetti 2-10-06 239-597-1120 <small>Date Daytime Phone #</small>	