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## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000092833</b> 1. Entity Name <b>CALZAC INVESTMENT GROUP, LLC</b>	
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FILED  
05 MAY -3 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>8680 SW HWY 200</b> <b>OCALA, FL 34481 US</b>	Mailing Address <b>8680 SW HWY 200</b> <b>OCALA, FL 34481 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable       </div>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent <b>ZACCO, JOHN J</b> <b>8680 SW HWY 200</b> <b>OCALA, FL 34481</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	


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 \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	ZACCO, JOHN J	NAME	
STREET ADDRESS	8680 SW HWY 200	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME	CALCAGNO, JOSEPH	NAME	
STREET ADDRESS	8680 SW HWY 200	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34481	CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>	TITLE	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

**SIGNATURE:**  **JOHN J. ZACCO** 4/27/05 (352) 873-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #