## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000002054**

1. Entity Name

CALHOON PROPERTY MANAGEMENT, LLC



FILED Aug 31, 2007 08:00 Al Secretary of State

Principal Place of Business

14214 84TH TERRACE N SEMINOLE, FL 33776 US Mailing Address

14214 84TH TERRACE N SEMINOLE, FL 33776 US



07082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2114007	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CALHOON, JANE 14214 84TH TERRACE N SEMINOLE, FL 33776

CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changin ions of registered agent.	ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title II applicable.	(NOTE: Registered Agent signature required when reinstating)  OATE
<u> </u>	ling Fee is \$50.00 by September 14, 2007	U00000773135 08/31/07-80002-007 50.00
9	MGR MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-SI-ZIP	MGR CALHOON, JANE 14214 84TH TERRACE N SEMINOLE, FL 33776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS	the great terms of a	

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 report as required by Chapter 608, Florida Statutes.

SIGNATURE: _	June 1	alhoon	Mark.	
· · ·	ND TYPED OR PRINTED	NAME OF SIGNING MANAGING MEMS	ER, OR AUTHORIZED REPRESENTAT	M

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Daytime Phone #