

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90317 017 \*\*\*\*50.00

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<b>DOCUMENT # L05000005554</b> 1. Entity Name <b>CALF PATH INVESTMENTS, LLC</b>					
Principal Place of Business <b>14101 RACE TRACK ROAD TAMPA, FL 33626</b>			Mailing Address <b>14101 RACE TRACK ROAD TAMPA, FL 33626</b>		
2. Principal Place of Business - No P.O. Box # <b>14905 PINEAPPLE LANE</b>		3. Mailing Address <b>14905 PINEAPPLE LANE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>20-2190802</b>	
Zip <b>33626</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BLVD., SUITE 1700 % HUNTER J. BROWNEE TAMPA, FL 33602</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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 BISHOP, WILLIAM L 14101 RACE TRACK RD TAMPA, FL 33626</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 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.					
<b>SIGNATURE:</b>			<b>WILLIAM L. BISHOP</b> <b>MANAGER</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>5/1/07</b> Daytime Phone # <b>813-926-7900</b>		