

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90012 021 ****50.00

DOCUMENT # L05000014372

1. Entity Name
CALEB'S LAND, LLC



Principal Place of Business
27355 JONES LOOP ROAD
PUNTA GORDA, FL 33982

Mailing Address
~~99 NESBIT STREET~~
~~C/O GARY KAHLE~~
~~PUNTA GORDA, FL 33950~~

2. Principal Place of Business

3. Mailing Address
P.O. Box 5110248

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Punta Gorda FL

Zip

Country

Zip
33951-0248

Country

04192006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAHLE, GARY A
27355 JONES LOOP ROAD
FARR LAW FIRM
PUNTA GORDA, FL 33982

7. Name and Address of New Registered Agent

Name John Joiner

Street Address (P.O. Box Number is Not Acceptable)

27355 Jones Loop Road

City Punta Gorda

FL

Zip Code
33982

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
JOHN JOINER TEE
27355 Jones Loop Road
Punta Gorda FL 33982

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #