## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L05000020360

Entity Name: CALUSA PARTNERS LLC

2700 NORTH BEACH ROAD UNIT B 201

ENGLEWOOD, FL 34223

Address:

City-St-Zip:

FILED Dec 08, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9428 BANDERA LANE PORT CHARLOTTE, FL 33981 **Current Mailing Address: New Mailing Address:** P.O. BOX 1511 P.O. BOX 1511 EMGLEWOOD, FL 342951511 ENGLEWOOD, FL 342951511 FEI Number: 20-0877929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRENCH, H. WELLS 9428 BANDERA LANE PORT CHARLOTTE, FL 33981 US 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. SIGNATURE: H WELLS FRENCH Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AHLRICH, STEPHEN L Name: Name: 4115 CAPE HAZE DR. Address: Address: City-St-Zip: PLACIDA, FL 33946 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FRENCH, H. WELLS Name: Name: Address: 9428 BANDERA LANE Address: City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MALLEK, CHARLES M Name: Name: 2700 NORTH BEACH ROAD UNIT E 202 Address: Address: City-St-Zip: ENGLEWOOD, FL 33947 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition HAMEL, ROBERT P Name: Name: Address: 38 MEDALIST CIR. Address: City-St-Zip: ROTUNDA WEST, FL 33947 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MILLER, THOMAS A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: STEPHEN LAHLRICH MGM 12/08/2005