

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020360

Entity Name: CALUSA PARTNERS LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

9428 BANDERA LANE
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1511
ENGLEWOOD, FL 342951511

New Mailing Address:

FEI Number: 20-0877929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AHLRICH, STEPHEN L
Address: 4115 CAPE HAZE DR.
City-St-Zip: PLACIDA, FL 33946

Title: MGRM () Delete
Name: FRENCH, H. WELLS
Address: 9428 BANDERA LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM () Delete
Name: MALLEK, CHARLES M
Address: 2700 NORTH BEACH ROAD UNIT E 202
City-St-Zip: ENGLEWOOD, FL 33947

Title: MGRM () Delete
Name: HAMEL, ROBERT P
Address: 38 MEDALIST CIR.
City-St-Zip: ROTUNDA WEST, FL 33947

Title: MGRM () Delete
Name: MILLER, THOMAS A
Address: 2700 NORTH BEACH ROAD UNIT B 201
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: H WELLS FRENCH

MGRM

05/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date