2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000038318

1. Entity Name CALHOUN PROPERTIES, LLC



FILED Jan 14, 2008 08:00 AN Secretary of State

Principal Place of Business

151 REGIONS WAY

SUITE 1-C

DESTIN, FL 32541

Mailing Address

151 REGIONS WAY

SUITE 1-C

DESTIN, FL 32541



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2700934

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEWITT, MICHAEL B 151 REGIONS WAY, SUITE 1-C DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

01/15/08-80059-024:138.73

DO NOT WRITE IN THIS SPACE

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

" The

Milce

Hewi. ++

1-11-08)

850-650-8743

Daytime Phone