## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT #L05000048194 04-24-2007 90113 012 \*\*\*\*50.00 1. Entity Name CALSTELL ENTERPRISE, LLC Principal Place of Business Mailing Address 3700 COQUINA KEY DRIVE 3700 COOUINA KEY DRIVE ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYONS, GARY W ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 311 SOUTH MISSOURI AVENUE CLEARWATER, FL 33756 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. MGR ☐ Change ☐ Addition TITLE ☐ Delete TITLE COBB, CAROL ANN MD NAME NAME STREET ADDRESS 3700 COQUINA KEY DRIVE STREET ADDRESS ST. PETERSBURG, FL 33705 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

limited liability company or the receiver or trustee empowered to execute to

**FILED**