


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000058622</b> 1. Entity Name CALI FIRE PROTECTION, LLC	
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Principal Place of Business 4334 WEST JACARANDA PARKWAY CAPE CORAL, FL 33993	Mailing Address 4334 WEST JACARANDA PARKWAY CAPE CORAL, FL 33993
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3806229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HEIDLER, WAYNE 4334 WEST JACARANDA PARKWAY CAPE CORAL, FL 33993
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEIDLER, WAYNE 4334 WEST JACARANDA PARKWAY CAPE CORAL, FL 33993
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHENNE, JOHN 987 LUTHER ROAD EAST AURORA, NY 14052
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80028-016 50.00

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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:** Wayne Heidler 1/20/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #