

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059381

FILED
Feb 02, 2007
Secretary of State

Entity Name: FLORCAL PROPERTIES, L.L.C.

Current Principal Place of Business:

202 ISLAND AVENUE, SUITE 126
SAN DIEGO, CA 92101

New Principal Place of Business:

606 RIVIERA DUNES WAY #401
PALMETTO, FL 34221

Current Mailing Address:

1304 E. VAQUERO CT.
CHULA VISTA, CA 91910

New Mailing Address:

FEI Number: 20-3006097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR.
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

FRICK, STEPHEN D
606 RIVIERA DUNES WAY #401
PALMETTO, FL 34221 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: STEPHEN D. FRICK

02/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRICK, STEPHEN D
Address: 1304 E. VAQUERO CT.
City-St-Zip: CHULA VISTA, CA 91910

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRISDON INCORPORATED,
Address: 1304 E. VAQUERO CT.
City-St-Zip: CHULA VISTA, CA 91910

Title: MGMB () Change (X) Addition
Name: FRICK, STEPHEN D
Address: 1304 E. VAQUERO CT.
City-St-Zip: CHULA VISTA, CA 91910

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: STEPHEN D. FRICK

MGMB

02/02/2007

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