2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # L05000095924 1. Entity Name CALMX INV.*GRP., LLC.						03-03-2006	90007 014	4 ****50	0.00
Principal Place of Business Mailing Address									
803 LAURELCREST DR ORLANDO, FL 32828		803 LAURELCREST DR ORLANDO, FL 32828							
						88182 8110 8810 8810 88 20	E8118 SELET 91118		3 8 7 112 1 8 8 1
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312006	Chg-LLC	CR2E083	(11/05)	
City & State		City & State			4. FEI Numbe	384465	7	<u> </u>	plied For t Applicable
Zip	· Country	Zip	Country			of Status Desired	□ \$5	5.00 Addi e Required	
	6. Name and Address of Current I	Registered Agent	Nama		7. Name and	Address of New Ro	egistered Ago	ent	
MERCADO), JOSEPH		Name						
3067 NATOMA WAY ORLANDO, FL 32325			Street /	Address (F	P.O. Box Numbe	er is Not Acceptable)		
			Ciby					Tia Cada	
			City	FL 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
			٠:				Dr. Comp		
Dı	ling Fee is \$50.00 ue by May 1, 2006		٠.		·		e check pay Departmen		•
Dı	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE		10.		·		Departmen		
9. TITLE	MANAGING MEMBE		TITLE	MG (1/00,100	ADDITIONS/	Departmen CHANGES		Addition
9. TITLE NAME	MANAGING MEMBEI MGR RIVADENEYRA, RICK	RS/MANAGERS	TITLE NAME	Willia 933	am Vervo Jade Fo	ADDITIONS/ bordf rest Ave	Departmen CHANGES	t of State	,
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE	Willia 933 Or la	am Vervo Jade Fo. undo Fl.	ADDITIONS/ bordf rest Ave	Departmen CHANGES	t of State	,
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR RIVADENEYRA, RICK 803 LAURELCREST DR	RS/MANAGERS	TITLE NAME STREET ADDRESS	Willia 933 Or la	Jade Forundo Fl.	ADDITIONS/ Bordt rest Ave 32828	Departmen CHANGES	t of State	,
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR RIVADENEYRA, RICK 803 LAURELCREST DR ORLANDO, FL 32828 MGRM DUARTE, MARTIN	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Willia 933 Or la	Jade Forundo Fl.	ADDITIONS/ Bordt rest Ave 32828	Departmen CHANGES	t of State	Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TYTLE NAME	MANAGING MEMBEI MGR RIVADENEYRA, RICK 803 LAURELCREST DR ORLANDO, FL 32828 MGRM DUARTE, MARTIN 5009 MARBELLA ISLE DR ORLANDO, FL 32837 MGRM MARTINEZ, ANGEL	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	William 933 Orla Men Ange 99 Lod Men Tose	am Vervo Jade Fo Indo Fl. em lo Monto Burns li New em Cepeda	ADDITIONS/ Fordt F	CHANGES CHANGES	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TREET ADDRESS	MANAGING MEMBEI MGR RIVADENEYRA, RICK 803 LAURELCREST DR ORLANDO, FL 32828 MGRM DUARTE, MARTIN 5009 MARBELLA ISLE DR ORLANDO, FL 32837 MGRM MARTINEZ, ANGEL 5148*JETSAIL DR	RS/MANAGERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	William 933 Orlo Men Ange 99 Lod Me Tose 2020	am Vervo Jade Fo Indo Fl. en Monto Burns New Em Copeda O Quinta	ADDITIONS/ Fordt Fordt Forst Ave 328 28 Forseg one Tersey one	CHANGES CHANGES	Change	Addition
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In Thereby certify that the information suppried with this tilling does not quality 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 AND TYPES OF PENERS MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Proces