

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012460

Entity Name: CALEMO, LLC

FILED
Feb 03, 2007
Secretary of State

Current Principal Place of Business:

1000 SAWGRASS CORPORATE PARKWAY
SUITE 552
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1000 SAWGRASS CORPORATE PARKWAY
SUITE 552
SUNRISE, FL 33323

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBY, LARRY R
1000 SAWGRASS CORPORATE PARKWAY
SUITE 552
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARMEL, JAMES A
Address: 708 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGRM () Delete
Name: LEIBY, LARRY R
Address: SUITE 552, 1000 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: MILMOE, WILLIAM H
Address: 708 S. ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LARRY R. LEIBY

MR.

02/03/2007

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