

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019796

Entity Name: CALYPSO, L.L.C.

FILED
Aug 16, 2007
Secretary of State

Current Principal Place of Business:

% JEFFREY AND KARIN ROBERTS
319 NE SOLIDA CIRCLE
PORT ST. LUCIE, FL 33498

New Principal Place of Business:

% JEFFREY AND KARIN ROBERTS
319 NE SOLIDA CIRCLE
PORT ST. LUCIE, FL 33493

Current Mailing Address:

% JEFFREY AND KARIN ROBERTS
319 NE SOLIDA CIRCLE
PORT ST. LUCIE, FL 33498

New Mailing Address:

FEI Number: 20-4448371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, E.ROLLINS I ESQ.
BROWN & BROWN, L.L.P.
200 SOUTH INDIAN RIVER DR., STE 100
FT PIERCE, FL 34950 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ROBERTS, KARIN E MGR
Address: 319 SOLIDA CIR.
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: MGR () Change (X) Addition
Name: ROBERTS, JEFFERY MGR
Address: 319 SOLIDA CIR.
City-St-Zip: PT. ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify 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: KARIN ROBERTS

MGRM

08/16/2007

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