2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Principal Place of Business National Address 255E DENDERRY DRIVE TALLAHASSEE, FL 32309 TALLA	DOCUI 1. Entity Nam CALJO, L		FILED 08 AUG 13 PM 1: 15				
Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. Suite. April 4, etc. OB 132008 Chg.LLC CR2EB3 (12066) Chy 6, State 4, FR Number Suite Applied For	2952 EDENDERRY DRIVE		2952 EDENDERRY DRIVE		TALLAHASSEE, FLORIDA		
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Zig Country Zig Country 6. Certificate of Status Desired 5 \$5.00 Acctional to the purpose of changing its registered Agent 7. Name and Address of New Regi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		08132008 Chg-LLC	CR2E083 (12/06)	
2/p County Zip County S. Certificate of Status Desired S. S.00 Additional Fee Required Fee Requir	City & State		City & State		4. FEI Number / 3645935	563 Ap	
CALHOUN, CARL R 2952 EDENDERRY DRIVE TALLAHASSEE, FL 32309 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desi-	red S5.00 Add Fee Required	
Sirce Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent) Name	7. Name and Address of N	ew Registered Agent	
E. The above named only submits the 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: City FL Zp Code	2952 EDENDERRY DRIVE Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE: Signature, toped to printed name of imposemed upons and sits 4 againstable (NOTE, Represented Agent segreture required when reinstating) OATE		3011, / L 31333		City		FL Zip Code	÷
FILE NOWIII FEE IS \$138.75 THE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARE CALHOUN, CARL R SIRET ADDRESS CALHOUN, CARL R SIRET ADDRESS TILL MAGR CALHOUN, THERESA A SIRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR CALHOUN, THERESA A SIRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR CALHOUN, THERESA A SIRET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR CONTY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR CONTY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR CONTY-ST-2P TALLAHASSEE, FL 32309 TILL MAGR SIRET ADDRESS CITY-ST-2P TILL MAGR SI			or the purpose of changing its re	egistered office or registe	red agent, or both, in the State	of Florida. I am familiar with,	and accept
September 12, 2008 Itability company did not receive the prior notice. Florida Department of State	SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE	
TITLE CALHOUN, CARL R CALHOUN, CARL R SITERT ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP CITY-					10 III/III/02		
NAME CALHOUN, CARL R STRETA ADDRESS 2952 EDENDERRY DRIVE STRETA ADDRESS 03/20/0801023007 ***138.75 CITY-ST-7P TALLAHASSEE, FL 32309 CITY-ST-2P MGR CALHOUN, THERESA A STRETA ADDRESS CITY-ST-2P TITLE MGR CALHOUN, THERESA A STRETA ADDRESS CITY-ST-2P TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK					ADDITI		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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: Addition NAME STREET ADDRESS CITY-ST-ZIP 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: Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CALHOUN, THERESA A 2952 EDENDERRY DRIVE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			•
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SIGNATURE: Calk, Colling I 3 Avg 08 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despring Phone (NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CALHOUN, THERESA A 2952 EDENDERRY DRIVE	☐ Delete ☐ Delete ☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change	Addition Addition
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