

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083402

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CALI GRIIND LLC

## Current Principal Place of Business:

115 DEERPATH DR  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

18740 US HWY 19 N  
CLEARWATER, FL 33764 US

## Current Mailing Address:

115 DEERPATH DR  
OLDSMAR, FL 34677 US

## New Mailing Address:

18740 US HWY 19 N  
CLEARWATER, FL 33764 US

FEI Number: 68-0635122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOMACK, BRANDON M  
115 DEERPATH DR  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

SCHAAP, ISAAC J  
18740 US HWY 19 N  
CLEARWATER, FL 33764 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: ISAAC J SCHAAP

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: WOMACK, BRANDON M  
Address: 115 DEERPATH DR  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGR (X) Delete  
Name: SCHAAF, ISAAC J  
Address: 115 DEERPATH DR  
City-St-Zip: OLDSMAR, FL 34677 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHAAP, ISAAC J  
Address: 18740 US HWY 19 N  
City-St-Zip: CLEARWATER, FL 33764 US

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

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: ISAAC J SCHAAP

MGRM

04/26/2007

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