

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084032

FILED
Jan 17, 2007
Secretary of State

Entity Name: MCCALLISTER PROPERTY MANAGMENT, LLC

Current Principal Place of Business:

3701-B DEL PARDO BLVD. S.
CAPE CORAL, FL 33904 US

New Principal Place of Business:

3701-B DEL PARDO BLVD S
CAPE CORAL, FL 33904 US

Current Mailing Address:

3701-B DEL PARDO BLVD. S.
CAPE CORAL, FL 33904 US

New Mailing Address:

3701-B DEL PARDO BLVD S
CAPE CORAL, FL 33904 US

FEI Number: 84-1721890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, EMMA
3834 LA PALMA STREET
FORT MYERS, FL 33901 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: MGR () Delete
Name: DAVID, EMMA
Address: 3834 LA PALMA STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM () Delete
Name: MCCALLISTER, LARRY J
Address: 1826 SE 45TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGRM () Delete
Name: ELSEA, ERIK
Address: 3605 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: TIDEWATER ENTERPRISE, S OF FT. MYERS , INC
Address: 6071 TIDEWATER ISLAND CIRCLE
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGR () Delete
Name: ZAK, CHRISTINE L
Address: 1217 SE 43RD TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

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:

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: EMMA DAVID

MGR

01/17/2007

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