

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096865

Entity Name: CALA I, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

638 S.E. 19TH STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6709
OCALA, FL 34478 US

New Mailing Address:

915 STARGAZERS ROAD
COATESVILLE, PA 19320 US

FEI Number: 26-1373771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WILLIAM F
638 S.E. 19TH STREET
OCALA, FL 34471 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: ANNE O. BROWN REVOCABLE LIVING TRUST
Address: 1562 CONWAY COURT
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM () Delete
Name: BROWN, LAURIE A
Address: 915 STARGAZERS ROAD
City-St-Zip: COATESVILLE, PA 19320

ADDITIONS/CHANGES:

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 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: LAURIE A. BROWN

MGRM

04/30/2009

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