

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106762

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: CALLICRIS CO LLC

**Current Principal Place of Business:**

3163 LANCASTER DRIVE #1  
NAPLES, FL 34105

**New Principal Place of Business:**

6632 TRAIL BOULEVARD  
NAPLES, FL 34108

**Current Mailing Address:**

LOIS LANE  
3163 LANCASTER DR, #1  
NAPLES, FL 34105

**New Mailing Address:**

6632 TRAIL BOULEVARD  
NAPLES, FL 34108

FEI Number: 51-0006522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LANE, LOIS  
Address: 3163 LANCASTER DRIVE #1  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANE-WEISS, LOIS  
Address: 6632 TRAIL BOULEVARD  
City-St-Zip: NAPLES, FL 34108

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: LOIS LANE-WEISS

MGR

04/14/2009

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