

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027405

FILED
May 01, 2009
Secretary of State

Entity Name: CALLAHAN ENTERPRISES, LLC

Current Principal Place of Business:

1901 NORTH FIRST STREET
SUITE 1604
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

444 THIRD STREET
NEPTUNE BEACH, FL 32266

Current Mailing Address:

1901 NORTH FIRST STREET
SUITE 1604
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

444 THIRD STREET
NEPTUNE BEACH, FL 32266

FEI Number: 26-2594422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, MICHAEL T
1901 NORTH FIRST STREET
SUITE 1604
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

KING, MICHAEL T
444 THIRD STREET
NEPTUNE BEACH, FL 32266 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KING, MICHAEL T
Address: 1901 NORTH FIRST STREET UNITE 1604
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KING, MICHAEL T
Address: 444 THIRD STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

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: MICHAEL T. KING

MGR

05/01/2009

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