

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012930

Entity Name: XCALIBUR, L.L.C.

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

512 WIDEVIEW AVENUE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1424 WEGMEN DRIVE  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

512 WIDEVIEW AVENUE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

1424 WEGMEN DRIVE  
TARPON SPRINGS, FL 34689

FEI Number: 26-4244044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DERIENZO, ANTHONY J  
512 WIDEVIEW AVENUE  
TARPON SPRINGS, FL 34689 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: PRES  
Name: ZULAUF, STEPHEN S  
Address: 1424 WEGMEN DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP  
Name: MURPHY, VAUGHN M  
Address: 1424 WEGMEN DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DIR  
Name: DIRIENZO, ANTHONY J  
Address: 512 WIDEVIEW AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

I hereby 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: STEPHEN S. ZULAUF

PRES

04/11/2010

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