2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat	
DOCUMENT # L99000004189				Secretar	y or Stat
Entity Name CALL STREET PROPERTY, LLC					
OKLL 51	MELI PROPERTI, LLO				
Principal Plac	ce of Business	Mailing Address			
1018 THOM Suite 200A	IASVILLE ROAD	1018 THOMASVILLE ROAD - SUITE 200A			
	EE, FL 32303	TALLAHASSEE, FL 32303		· charges from regal (eres Meres Aller wall) would have aller effects	Ni tatili incess di com
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_	A NOT WOITE	IN THE CDA	О Г	04152005 No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SPA				4. FEI Number 59-3605763	Applied For Not Applicable
				5 Certificate of Status Desired \$5.0	00 Additional
<u></u>	8. Name and Address of Current Re	raintered Agent		Fee F	Required
	0. Vilinia stirc Address Si Critteni He	gistered Agent	{-		
LANGSTON, FRANK L 1018 THOMASVILLE ROAD			ļ	DO NOT WRITE	
SUITE 200A			į	IN THIS SPACE	
TALLAHASSEE, FL 32303			_	IN THIS STACE	
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familia	ar with, and accept
the obliga	tions of registered agent.		_	•	,
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Registers	od Agent signature required	when reinstatung) DATE	
					
F	iling Feø is \$ 50.00 ue by May 1, 2005				
9.	MANAGING_MEMBERS	//MANAGERS	T		
TITLE	MGR				
NAME STREET ADDRESS	LANGSTON, FRANK L 1018 THOMASVILLE ROAD SUITE	2004	1		
CITY-ST-ZIP	TALLAHASSEE, FL 32303	. 200A 	-		
TITLE		<u></u>		U00000314987 04/19/05-80018-00	
NAME STREET ADDRESS				U4/14/US-80018-00	4 50.00
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			- 7
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP