2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004189

1. Entity Name
CALL STREET PROPERTY, LLC



Principal Place of Business

1018 THOMASVILLE ROAD

SUITE 200A TALLAHASSEE, FL 32303 Mailing Address

1018 THOMASVILLE ROAD SUITE 200A

TALLAHASSEE, FL 32303

CR2E083 (11/05)

FILED

Apr 27, 2007 08:00 AM Secretary of State

04262007 No Chg-LLC

4. FEI Number

59-3605763

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

850.224-2300

Daytime Phone #

6. Name and Address of Current Registered Agent

LANGSTON, FRANK L 1018 THOMASVILLE ROAD SUITE 200A TALLAHASSEE, FL 32303

SIGNATURE:

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8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee Is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGSTON, FRANK L 1018 THOMASVILLE ROAD SUITE 200A TALLAHASSEE, FL 32303		U00000738000
TITLE NAME STREET ADDRESS CITY-ST-ZIP		K.	05/11/07-80052-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZiP		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

FRANK L. LANGSTON, MANAGINA

SEED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE