


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000001706 1. Entity Name EXCALIBUR MANAGEMENT, LLC	
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Principal Place of Business 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH, FL 32082	Mailing Address 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3521142	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ANDERSON, DANIEL B 151 SAWGRASS CORNERS DRIVE, SUITE 206 PONTE VEDRA BEACH, FL 32082
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**DO NOT WRITE IN THIS SPACE**

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:  DATE: 04/06/05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

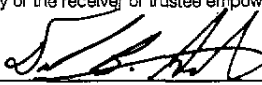
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, BRUCE K 813 MINS. TRAIL FRANKLIN LAKES, NJ 07417
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EXCALIBUR MANAGEMENT CORPORATION 3 POST OFFICE SQUARE, SUITE 700 BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000291574  
04/07/05-80037-007 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  DATE: 04/06/05 DAYTIME PHONE #: 904-280-5394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE