

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001706

1. Entity Name
EXCALIBUR MANAGEMENT, LLC



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**



02112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3521142

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, DANIEL B
151 SAWGRASS CORNERS DRIVE, SUITE 206
PONTE VEDRA BEACH, FL 32082**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/06/05

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

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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:

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

04/06/05

Date

908-280-5394

Daytime Phone #