## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000002073 CALDWELL FAMILY ASSOCIATES, LLC

Principal Place of Business

1612 CASEY KEY ROAD NOKOMIS, FL 34275

Mailing Address

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

C/O 133 RUE DE VILLE ROCHESTER, NY 14618

## **FILED** Apr 30, 2007 08:00 Al Secretary of State



04182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
16-1577734		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Rec	Additional guired

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

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	named entity submits this statement for the purpose of changing one of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
FI Di	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALDWELL, ROBERT L 999 QUAKER ROAD SCOTTSVILLE, NY 14546	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		·
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-ST-ZIP		U(10000743302
TITLE NAME STREET ADDRESS CITY-ST-ZIP -		05/15/07-80103-022 50.00
11. I hereby indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sl	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information nall have the same legal effect as if made under oath; that I am a managing member or manager of the