File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR 15 AM 10:45

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # Z00174

CALUMET PROPERTIES, L.C.
2033 MAIN STREET, SUITE 303
SARASOTA FL 34237

1a. Principal Place of Business Address

4600 CITATION LANE
SARASOTA FL 34233

2. Principal Place of Business	2a. Mailing Address
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 01/22/1990
3a. State of Formation: FL
4. FEI Number: 65-0170472 ☐ Applied For ☐ Not Applicable
5. Date of Last Report: 05/01/1998
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

SABA, RICHARD D., ESQ.
2033 MAIN STREET
SUITE 303
SARASOTA FL 34237

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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04/22/99--01037--003
****188.75 ****188.75

9. Pursuant to the provisions of Sections 605.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Only if Registered Agent Signature Required When Changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GARVIN, FINLEY J	12910 SHELBYVILLE ROAD, SU	LOUISVILLE KY
MGR	HENDERSON, J. SHERMAN	12910 SHELBYVILLE ROAD, SU	LOUISVILLE KY
MGBR	SHURBOT, WALTOR D	10919 HOBBS STA. ROAD	LOUISVILLE KY

11. I do hereby certify that the information supplied with this filing does not qualify for the exempt status in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Finley J. Garvin Mgr.