



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 121250		2. Exact name of the limited liability company Calusa Investments, LLC	
3. State of Formation VIRGINIA		4. Brief description of the character of the business which is actually conducted in Rhode Island MORTGAGE LENDER.	
5. Principal office address 14040 Park Center Rd Ste 300		City Herndon	State VA
		Zip 20171	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Mary Irby		Contact Title Licensing Director	
Street Address P.O. Box 710840		City Herndon	State VA
		Zip 20171	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) ☐			
Manager Name David Shumway		Manager Name	
Street Address 3013 Applebrook Lane		Street Address	
City Oakton	State VA	City	State
Zip 22124		Zip	
Manager Name DeVan Shumway		Manager Name	
Street Address 11314 Stones Throw Drive		Street Address	
City Reston	State VA	City	State
Zip 20194		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED	
File Date	NOV 09 2007
Check No.	11775
By:	11775
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David Shumway 11-6-07
Signature of Authorized Person Date
David Shumway
Print or Type Name of Authorized Person