2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000014056

1. Entity Name
CARKENTRE, LLC

Principal Place of Business	Mailing Address
% RAMON A. RODRIGUEZ 350 EAST LAS OLAS BLVD., 14TH FLOOR FORT LAUDERDALE, FL 33301	% RAMON A. RODRIGUEZ 350 EAST LAS OLAS BLVD., 14TH FLOOR FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1158475
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAMON A
350 EAST LAS OLAS BLVD, STE 1420
FORT LAUDERDALE, FL 33301

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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
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, 2004

U00000082458
03/09/04-80030-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RODRIGUEZ, RAMON A
STREET ADDRESS	350 EAST LAS OLAS BLVD, STE 1420
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
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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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R Rodriguez 2/17/04 954-622-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #