

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014067

FILED  
May 02, 2008  
Secretary of State

Entity Name: CARR RESIDENTIAL I, LLC

**Current Principal Place of Business:**

1560 S DIXIE HWY  
#211  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1560 S DIXIE HWY  
#211  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 01-0732466      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAWRENX, GRAGG K  
200 S. BISCAYNE BOULEVARD, SUITE 4900  
C/O WHITE & CASE  
MIAMI, FL 33131 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARR, JAMES M MGRM  
Address: 1560 S. DIXIE HWY. SUITE 211  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM ( ) Delete  
Name: CARR, SUSAN MGRM  
Address: 1560 S. DIXIE HWY, SUITE 211  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAROLD L EISENACHER

VP

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date