

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051832

Entity Name: CAROLINA SQUARE, LLC

FILED  
Feb 22, 2006  
Secretary of State

**Current Principal Place of Business:**

502 W. JEFFERSON STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

502 W. JEFFERSON STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 20-1393760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUMGARNER, BARBARA  
502 W. JEFFERSON STREET  
TALLAHASSEE, FL 32301 US

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

GROENIGER, SUE  
502 W. JEFFERSON STREET  
TALLAHASSEE, FL 32301 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: SUE GROENIGER

02/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BUMGARNER, BARBARA B  
Address: 2015 WINTHROP WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGRM ( ) Delete  
Name: BUMGARNER, BARRY L  
Address: 2015 WINTHROP WAY  
City-St-Zip: TALLAHASSEE, FL 32308 US

**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 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: BARRY L. BUMGARNER

MGRM

02/22/2006

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