2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 06, 2006 8:00 am Secretary of State 2, DOCUMENT # L05000083988 02-17-2006 90019 013 ****55.00 CAROL C ENTERPRISES LLC Principal Place of Business Mailing Address 26007100 19333 COLLINS AVE., UNIT 1601 SUNNY ISLES FL 33150-2371 19333 COLLINS AVE., UNIT 1601 SUNNY ISLES FL 33160-2371 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For City & State Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **LAPIDUS, ALVIN** Street Address (P.O. Box Number is Not Acceptable) 19333 COLLINS AVE., UNIT 1601 SUNNY ISLES FL 33160-2371 City Zip Code 8. The above named entity submits this systement 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 fedistered agent FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM Delete TITE F ☐ Change ☐ Addition NAME LAPIDUS, ALVIN NAME STREET ADDRESS 19333 COLLINS AVE., UNIT 1601 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES FL 33160-2371 CITY-ST-ZIP TITLE Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP GITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition HAME MANAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 high eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED



Division of Corporations

February 20, 2006

CAROL C ENTERPRISES LLC 19333 COLLINS AVE., UNIT 1601 **SUNNY ISLES, FL 33160-2371**

Subject: CAROL C ENTERPRISES LLC

Reference Number:

L05000083988

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION