

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000117448
 1. Entity Name
 CARLYLE ONE, LLC



Principal Place of Business
 C/O FEDDER MANAGEMENT CORP.
 10096 RED RUN BOULEVARD, SUITE 300
 OWINGS MILL, FL 21117 41

Mailing Address
 3590 MISTLETOE LANE
 LONGBOAT KEY, FL 34228



01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 20-8010900 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
 FEDDER, JOEL D
 3590 MISTLETOE LANE
 LONGBOAT KEY, FL 34228

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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's signature required when scrubbing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM FEDDER, JOEL D 3590 MISTLETOE LANE LONG BOAT KEY, FL 34228 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM POLLOKOFF, ROBERT G 10096 RED RUN BLVD, SUITE 300 OWINGS MILLS, MD 21117 |
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 04/03/08-80006-025 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joel D Fedder 1/29/08 941-383-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day and Phone #