

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002207

Entity Name: CARLEN REALTY, LLC

FILED
Feb 07, 2005
Secretary of State

Current Principal Place of Business:

34 W. ORANGE ST.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

PO BOX 1879
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3539385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, DONALD R
28050 U.S. HWY. 19 N., STE. 402
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRD () Delete
Name: MARTIN, CAROL E
Address: P.O. BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VPST (X) Delete
Name: HIMONETOS, MARY
Address: P.O. BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: GAGNON, CHRISTINE L
Address: PO BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: SHARPE, LYNN A
Address: PO BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Delete
Name: CAHALIN, HELEN J
Address: PO BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARTIN, CAROL E
Address: P.O. BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

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

Title: MGR (X) Change () Addition
Name: GAGNON, CHRISTINE L
Address: PO BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR (X) Change () Addition
Name: SHARPE, LYNN A
Address: PO BOX 1879
City-St-Zip: TARPON SPRINGS, FL 34688

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 Section 119.07(3)(i), 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: CAROL E. MARTIN

MGR

02/07/2005

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