

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90584 035 \*\*\*\*50.00

0065214

**DOCUMENT # L98000002207**

1. Entity Name  
**CARLEN REALTY, LLC**



Principal Place of Business  
**26 W. ORANGE ST.  
TARPON SPRINGS FL 34689**

Mailing Address  
**PO BOX 1879  
TARPON SPRINGS FL 34688**

2. Principal Place of Business  
**34 W. Orange St.**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Tarpon Springs, FL**

City & State

Zip  
**34689**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**HIMONETOS, MARY  
26 W. ORANGE ST.  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**34 W. Orange St.**

City  
**Tarpon Springs**

State  
**FL**

Zip Code  
**34689**

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 *Mary Himonetos* DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARTIN, CAROL E P.O. BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR THOMPSON, JOHN PO BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HIMONETOS, MARY PO BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAGNON, CHRISTINE L PO BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHARPE, LYNN A PO BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAHALIN, HELEN J PO BOX 1879 TARPON SPRINGS FL 34688</b>	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Mary Himonetos* DATE: **4/30/03** DAYTIME PHONE #: **727-938-0160**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)