

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |         |                                                                                          |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L00000012644</b>                                                                                                                                                                                                |         |         |         |
| 1. Entity Name<br><b>CAROLINA CLASSIC OF NORTHEAST FLORIDA, LLC</b>                                                                                                                                                           |         |                                                                                          |         |
| Principal Place of Business<br><b>4438 HERSCHEL ST.<br/>JACKSONVILLE FL 32210</b>                                                                                                                                             |         | Mailing Address<br><b>4438 HERSCHEL ST.<br/>JACKSONVILLE FL 32210</b>                    |         |
| 2. Principal Place of Business                                                                                                                                                                                                |         | 3. Mailing Address                                                                       |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                           |         | Suite, Apt. #, etc.                                                                      |         |
| City & State                                                                                                                                                                                                                  |         | City & State                                                                             |         |
| Zip                                                                                                                                                                                                                           | Country | Zip                                                                                      | Country |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                               |         | 7. Name and Address of New Registered Agent                                              |         |
| <b>OLSEN, ERIK J<br/>4438 HERSCHEL ST.<br/>JACKSONVILLE FL 32210</b>                                                                                                                                                          |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |         |
| 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 _____ (NOTE: Registered Agent signature required when remaining)                                                                                                                                                    |         |                                                                                          |         |



1st MOORE CR2E083 (10/05)

4. FEI Number **26-5808204** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

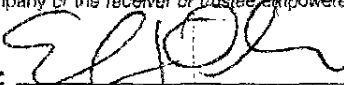
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

**1100000401755**  
**02/02/06-80059-007 55.00**

| 9. MANAGING MEMBERS / MANAGERS                 |                                                                               |                                 | 10. ADDITIONS / CHANGES                        |  |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>OLSEN, ERIK J<br/>4002 MCGIRTS BLVD<br/>JACKSONVILLE FL 32210</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **ERIK J. OLSEN** 20 Jan 06 904-387-6114