


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000119097...	
1. Entity Name 830 CAROLINE, LLC	

Principal Place of Business 830 CAROLINE STREET KEY WEST, FL 33040	Mailing Address 703 DUVAL STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0525409	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 SCARSELLA, CHRISTINA 703 DUVAL ST. KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREGORY, TONY 703 DUVAL STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARSELLA, CHRISTINE 703 DUVAL STREET KEY WEST, FL 33040
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<p>U00000584285 01/12/07-80030-017 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: C. Scarsella 1/9/07 3052959595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #