
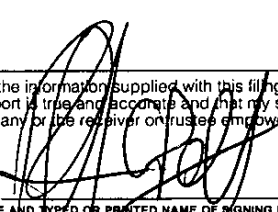


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90480 050 ****50.00

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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	02212007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8010900 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
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			7. Name and Address of New Registered Agent				
FEDDER, JOEL D 3590 MISTLETOE LANE LONGBOAT KEY, FL 34228			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FEDDER, JOEL D		NAME				
STREET ADDRESS	3590 MISTLETOE LANE		STREET ADDRESS				
CITY-ST-ZIP	LONG BOAT KEY, FL 34228		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POLLOKOFF, ROBERT G		NAME				
STREET ADDRESS	10096 RED RUN BLVD, SUITE 300		STREET ADDRESS				
CITY-ST-ZIP	OWINGS MILLS, MD 21117		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			2-28-07 410-581-1400				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #				