2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # L00000002794 1. Entity Name CARNIVAL TIME TOWING, LLC Principal Place of Business Mailing Address 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD FL 33021 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 65-0987961 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKNIGHT, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD FL 33021 City Zip Code FL 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 it applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change Acción THELE Delete NAME MCKNIGHT, ROBERT E NAME U00000315910 04/19/05-80049-020 50.00 4310 SHERIDAN STREET, SUITE 202 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY - ST - ZIP TITL F ☐ Delete TITLE ☐ Change Addiiii STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP Addition Change ☐ Delete (tti £ TITLE NAME NAME STREET ADURESS STREET ADDRESS Cri Y - ST - Z.P CITY-ST- RP ☐ Change The Addition TOTAL ☐ Defete TITLE NAME KAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ∏ Âddis NAME NAME STREET ADDRESS GIRLET ADDRESS CHY-ST-7IP CITY-ST-ZIP HILE Change Adam. In F Delete NAME 3MAM STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-78

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #