2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | | FILED | |
|---|---|---|---|--|---|-----|
| DOCUMENT # L00000011304 1. Entity Name | | | | | Feb 25, 2004 08:00 AM Secretary of State | |
| CARROLI | LWOOD EQUITIES LLC | | No. | | JAN 2 0 2004 | |
| Principal Place of Business | | Mailing Address | | | 11111 11111 | |
| 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 | | 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 | | ! | | |
| 2. Principal Place of Business | | 3. Mailing Address | | <u></u> | | |
| Suite, Apt. # etc. | | Suite, Apt, #, etc. | | | MOORE CR2E083 (11/03) | |
| City & State | | City & State | | | 4. FEI Number 65-1040191 Applied For Not Applicab | ole |
| Zip | Country | Zip | Country | · · · · · · · · · · · · · · · · · · · | 5. Certificate of Status Desired S5.00 Additional Fee Required | |
| | 6. Name and Address of Current | Registered Agent | jistered Agent | | 7. Name and Address of New Registered Agent | |
| | | | Na | Name | | |
| 339 | ER D. CUMMINGS & ASSO 9 PGA BLVD., STE. 450 | • | Stre | Street Address (P.O. Box Number is Not Acceptable) | | |
| PALM BEACH GARDENS FL 334 | | 410 | | | | _ |
| | | | City | y | FL Zip Code | |
| 8. The above the obligation | named entity submits this statement fo tions of registered agent. | r the purpose of changing its re | egistered offi | ce or register | red agent, or both, in the State of Florida. I am familiar with, and accept | ρţ |
| SIGNATURE | Signature, typad or printed name of registered agent | and fulle if applicable (NOTE I | Registered Agent | signature required | d when reinstating) DATE | |
| | | | W!!! FEE! | - 1911-1922 222-11-129-1 | | |
| | | Make Check Payable | | | nt of State | |
| | | . Due | By May 1, | 2004 | V 1.88 4 4 | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | ADDITIONS/CHANGES | |
| TITLE | CUMMINGS, KEITH L | | TITLE | | Change Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDR | RESS | U00000066226 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 3341 | 3 | CITY-ST-ZIP | | 02/26/04-80005-022 50.00 | |
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change ☐ Addilio | |
| NAME | CARROLLWOOD MANAGER INC. | | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 | 1 | STREET ADDR | I | | |
| TITLE | THE BENOT GIVE BENOT E BOTH | ☐ Delete | TITLE | | ☐ Change ☐ Additio | |
| NAME | | in Delete | NAME | | | 21; |
| STREET ADDRESS | | | STREET ADDR | } | | |
| CITY+ST-ZIP | | | CITY-ST-ZIP | <u> </u> | | |
| title Name | | Delete | TITLE NAME | | Change Addition | ρn. |
| STREET ADDRESS | | | STREET ADDR | RESS | | |
| City-St-ZIP | | | CITY-ST-ZIP | , } | | |
| TITLE | NAN | | TITLE | | ☐ Change ☐ Addition | on |
| NAME STREET ADDRESS | | | NAME STREET ADDR | ree | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | · · · | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Additio | an |
| NAME | | · - -· | NAME | | | |
| STREET ADDRESS CITY+ST-ZIP | | | STREET ADDR | , | | |
| | portify that the information as matical as (as) | this filling does not a self. (- " | CITY-ST-ZIP | | 440 07(0)(0 Fl. 1) to Change 1 | |
| indicated limited lia | on this report is true and accurate and bility company or the receiver or trustee | that my signature shall have the empowered to execute this re- | ne exemplior e same legal port as requi | l effect as if m red by Chapt | ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under eath; that I am a managing member or manager of the ter 608, Florida Statutes. | |

SIGNATURE:

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

Date

Date