


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90057 029 \*\*\*\*50.00

DOCUMENT # L01000001972

1. Entity Name  
 CAROL CITY GARDENS LLC



Principal Place of Business 50 BROADWAY C/O GFI MANAGEMENT SERVICES, INC. NEW YORK, NY 10004	Mailing Address 50 BROADWAY C/O GFI MANAGEMENT SERVICES, INC. NEW YORK, NY 10004
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**DO NOT WRITE IN THIS SPACE**

04122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2602336	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

CORPDIRECT AGENTS, INC.  
 103 N. MERIDIAN ST., LOWER LEVEL  
 TALLAHASSEE, FL 32301

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, EDITH 50 BROADWAY NEW YORK, NY 10004
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David L. Arnow, SUP - GFI Management Services Inc.  
Signature and typed or printed name of signing managing member, or authorized representative

4/12/04 212-637-4539  
Date Daytime Phone #