


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000002866 1. Entity Name CAROLINA TRACE, LLC	
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Principal Place of Business 177 N US HWY 1 BOX 240 JUPITER, FL 33469	Mailing Address 177 N US HWY 1 BOX 240 JUPITER, FL 33469
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1116588	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

WRIGHT, LARRY E
11 DEWITT PLACE
JUPITER, FL 33469

**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.

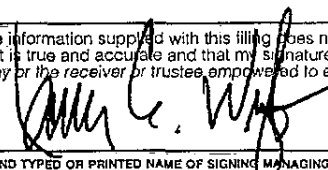
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**
1100000272076
03/21/05-80074-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS WRIGHT, LARRY 11 DEWITT PLACE TEQUESTA, FL 33469
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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)(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.

SIGNATURE:  **3-17-05** **561-602-9971**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #