



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 13 AM 10:21

DOCUMENT # L01000004337 1. Entity Name CARTON, L.L.C.					
Principal Place of Business 675 SANCTUARY DRIVE BOCA RATON, FL 33431			Mailing Address 2101 NW BOCA RATON BLVD., SUITE 1 BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 675 Sanctuary Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip Country 33431		<div style="text-align: center;">  </div> 09152005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 65-1093560 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent RADER, STUART A 2101 NW BOCA RATON BLVD., SUITE 1 BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent Name Redgrave & Rosenthal LLP Street Address (P.O. Box Number is Not Acceptable) 120 E. Palmetto Park Road, Suite 450 City FL Zip Code Boca Raton 33432		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 <u><i>Shelly Wald Schwab</i></u> DATE <u>9/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by October 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTON, MARVYN 675 SANCTUARY DRIVE BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carton, Christine 675 Sanctuary Drive Boca Raton, Florida 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>Sept 16-2005</u> <small>Daytime Phone #</small>		