2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: CAROLINA HOLDINGS LLC

Current Principal Place of Business:

3306 PONCE DE LEON
SUITE 250
CORAL GABLES, FL 33134

New Principal Place of Business:

3306 PONCE DE LEON BLVD.
SUITE 250
CORAL GABLES, FL 33134

Current Mailing Address:

3306 PONCE DE LEON
SUITE 250
CORAL GABLES, FL 33134

New Mailing Address:

3306 PONCE DE LEON BLVD.
SUITE 250
CORAL GABLES, FL 33134

FEI Number: 65-1146834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALOS & ASSOCIATES, P.A.
3306 PONCE DE LEON
SUITE 250
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ALOS, ANDRES F
Address: 3306 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: VIAS, MARTHA
Address: 3306 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALOS, ANDRES F
Address: 3306 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: VIAS, MARTHA
Address: 3306 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANDRES F. ALOS MGR 04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date