

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014098

FILED
Apr 26, 2007
Secretary of State

Entity Name: CARLEX RESIDENTIAL I, LLC

Current Principal Place of Business:

1560 S. DIXIE HWY
#209
CORAL GABLES, FL 33146 US

Current Mailing Address:

1560 S. DIXIE HWY
#209
CORAL GABLES, FL 33146 US

New Principal Place of Business:

1560 S. DIXIE HWY
#211
CORAL GABLES, FL 33146 US

New Mailing Address:

1560 S. DIXIE HWY
#211
CORAL GABLES, FL 33146 US

FEI Number: 01-0733408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAGG, LARRY
200 S. BISCAYNE BLVD., STE 4900
MIAMI, FL 33131 US

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/MANAGERS:

Title: MGRM () Delete
Name: CARR, JAMES
Address: 81 PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: CARR, SUSAN
Address: 81 PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARR, JAMES
Address: 1560 S. DIXIE HWY. SUITE 211
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM (X) Change () Addition
Name: CARR, SUSAN
Address: 1560 S. DIXIE HWY. SUITE 211
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HAROLD EISENACHER

VP

04/26/2007

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