


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000018122 1. Entity Name CARELLI, LLC	
---	---

Principal Place of Business 7105 SW 8TH STREET SUITE 410 MIAMI, FL 33144	Mailing Address 7105 SW 8TH STREET SUITE 410 MIAMI, FL 33144
--	--

DO NOT WRITE IN THIS SPACE



03172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 71-0896387	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARAGUNDE, CARLOS 7105 SW 8TH STREET, STE. 410 MIAMI, FL 33144	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

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

U00000096485
03/25/04-80031-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAGUNDO, CARLOS 7105 SW 9TH STREET, SUITE 410 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date 3/22/04 <small>Daytime Phone #</small>
--	---