2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

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Entity Name: CARIES,LLC

Current Principal Place of Business:

119 LEPORT DRIVE
PENSACOLA, FL 32561 US

New Principal Place of Business:

1019 CROSSEPOINTE
SUITE 2
NAPLES, FL 34110 US

Current Mailing Address:

119 LEPORT DRIVE
PENSACOLA, FL 32561 US

New Mailing Address:

1019 CROSSPOINTED DR
SUITE 2
NAPLES, FL 34110 US

FEI Number: 56-2294038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRUGIA, VINCE J
4025 CLAIBORNE DRIVE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

AMINI, SIMON J
1019 CROSSPOINT DR
SUITE 2
NAPLES, FL 34110 US

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: SIMON AMINI 01/19/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FARRUGIA, ALAN C
Address: 6447 HIGHCROFT DRIVE
City-St-Zip: NAPLES, FL 34119 US

Title: MGR ( ) Delete
Name: AMINI, BAHMAN
Address: 1960 E. COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR ( ) Delete
Name: FARRUGIA, VINCE
Address: 4025 CLAIBORNE DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FARRUGIA, VINCE
Address: 2495 BELLE CHRISTIANE
City-St-Zip: PENSACOLA, FL 32503 US

I hereby certify that the information supplied with this filing does not qualify for the 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: VINCE FARRUGIA MM 01/19/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date