


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90047 016 \*\*\*138.75

<b>DOCUMENT # L02000026163</b> 1. Entity Name CARR PROPERTIES, L.L.C.	
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60005511



Principal Place of Business 2103 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	Mailing Address P.O. BOX 347271 CORAL GABLES, FL 33234
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2103 Country Club Prado
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Coral Gables, FL
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Zip	Country	Zip	Country
		33134	USA

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. SUITE 125 CORAL GABLES, FL 33146	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City


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.
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SIGNATURE	DATE
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<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, JOHN W	NAME	
STREET ADDRESS	2103 COUNTRY CLUB PRADO	STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE: 	01-22-08	305 903 5158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #