


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000027363 1. Entity Name CARMAR EXPORT L.L.C.	
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Principal Place of Business 6360 JENSEN ROAD TAMPA, FL 33619	Mailing Address 6360 JENSEN ROAD TAMPA, FL 33619
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DO NOT WRITE IN THIS SPACE



07122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1031458	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRO, BIENVENIDA 6360 JENSEN ROAD TAMPA, FL 33619	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

000000372922
07/15/05-80003-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, BIENVENIDA 6360 JENSEN ROAD TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, LUIS 6360 JENSEN ROAD TAMPA, FL 33619
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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)(f), 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: Luis Delgado Luis Delgado Manager 7/15/05 813-267-5528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #