


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| | | | |
|---|-----------------------|---|-----------------------|
| DOCUMENT # L03000006869 | |  | |
| 1. Entity Name CARMEL GROUP, LLC | | | |
| Principal Place of Business 5005 PICKETT COURT TAMPA FL 33624 | | Mailing Address 5005 PICKETT COURT TAMPA FL 33624 | |
| 2. Principal Place of Business 13930 N. DALE MARRY HWY | | 3. Mailing Address 13930 N. DALE MARRY HWY | |
| Suite, Apt. #, etc. SUITE # 3 | | Suite, Apt. #, etc. SUITE # 3 | |
| City & State TAMPA, FLORIDA | | City & State TAMPA, FLORIDA | |
| Zip 33618 | Country USA | Zip 33618 | Country USA |

FILED

04 FEB 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MM



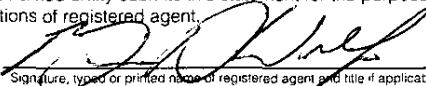
MOORE CR2E083 (11/03)

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|---|--|--|--|
| 4. FEI Number 04-3747296 | | 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 WOLFE, BRIAN D 5005 PICKETT COURT TAMPA FL 33624 | | 7. Name and Address of New Registered Agent Name: WOLFE, BRIAN D Street Address (P.O. Box Number is Not Acceptable): 13930 N. DALE MARRY HWY SUITE # 3 City: TAMPA FL Zip Code: 33618 | |
|--|--|--|--|

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.

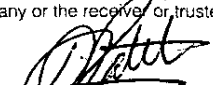
SIGNATURE:  **BRIAN D. WOLFE** DATE: **1.27.03.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|--|---|
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | 600028527256 04--01075--001 **111.25 |
|--|--|---|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOLFE, BRIAN D MR. 5005 PICKETT COURT TAMPA FL 33624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOLFE, BRIAN D MR. 13930 N. DALE MARRY HWY, STE #3 TAMPA FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MC NEAL, CHRIS MR. 5005 PICKETT COURT TAMPA FL 33624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCNEAL, CHRIS MR. 13930 N. DALE MARRY HWY, SUITE #3 TAMPA, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PATEL, DHVANIT MR. 5005 PICKETT COURT TAMPA FL 33624 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR PATEL, DHVANIT MR. 13930 N. DALE MARRY HWY, SUITE #3 TAMPA, FLORIDA 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **BRIAN D. WOLFE** DATE: **1.21.04 (813) 964-0967**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE