

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90040 010 \*\*\*\*50.00

DOCUMENT # L03000006869	
1. Entity Name CARMEL GROUP, LLC	

Principal Place of Business 13930 N. DALE MABRY, SUITE #3 TAMPA, FL 33618	Mailing Address 13930 N. DALE MABRY, SUITE #3 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-LLC CR2E083 (10/03)

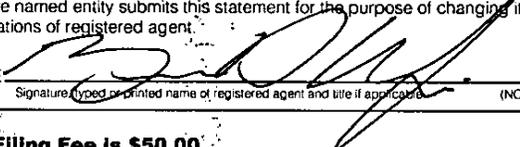
4. FEI Number 04-3747296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, BRIAN D  
 43930 N. DALE MABRY, SUITE #3 3922 PREMIER NORTH DRIVE  
 TAMPA, FL 33618

**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:  DATE: 3-10-05

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

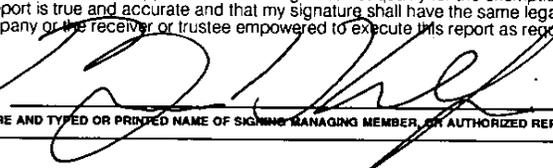
**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFE, BRIAN D MR. 13930 N. DALE MABRY, SUITE #3 3922 PREMIER NORTH TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MC NEAL, CHRIS MR. 13930 N. DALE MABRY, SUITE #3 3922 PREMIER NORTH TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, DHVANIT MR. 13930 N. DALE MABRY, SUITE #3 3922 PREMIER NORTH TAMPA, FL 33618
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)(l), 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:  DATE: 3-12-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #