2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007031

1. Entity Name
CARI PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
812 SHORE DR.	812 SHORE DR.
NORTH PALM BEACH, FL 33408	NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

01272006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
30-0235684		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CIOFFI, JAMES A
250 TEQUESTA DR., STE. 200
TEQUESTA, FL 33469

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 _____

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CIOFFI, NICK
STREET ADDRESS	812 SHORE DR.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGR
NAME	CIOFFI, MARSHA
STREET ADDRESS	812 SHORE DR.
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06--80063-004 50.00

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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.

SIGNATURE: _____   1/10/06   561 626-068

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