## FILED Apr 24, 2006 8:00 am

ANNUAL REPURT					Secretary of State				
DOCUMENT # L03000023595  1. Entity Name CARROLL STREET PROPERTIES, LLC				04-24-2006 90061 012 ****50.00					
CARROL	L STREET PROPERTIES, L	.LC							
Principal Place of Business Mailing Address 11507 NORTH SHORE GOLF CLUB BLVD 11507 NORTH SHORE GORLANDO, FL 32832 ORLANDO, FL 32832			OLF CLUB BLVD			* v *			
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5511	lace of Business HANSEL AVE.	3. Mailing Address	L AVE.						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04102006	Chg-LLC	CR2E083 (11/05)	_	
City & State	ANDO, FL	City & State OKLANDO	Æ		4. FEI Numb 27-006		F——	pplied For ot Applicable	
Zio 318	309 Country USA	32.809	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agent		
RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD				Street Address (P.O. Box Number is Not Acceptable)					
	), FL 32832 🔭	D		-,,		_ <del></del>	<u></u>		
	. 00		City	$\frac{211}{200}$	HANS	EL AVE.	FL Zip Cod	le O o C	
8. The above	named entity submit this statement for ions of register the agent.	the purpose of changing its re	gistered office or	registere	ed agent, or bo	oth, in the State of Flo	1 7	and accept	
the obligat	ions of registering agrint.	Douglas 1	C. Russ	ice		4	10/06		
SIGNATURE.	Manager to a series of a serie								
	Signature, typed or printed name of registered agent a	nd life if applicable. {NOTE: F	legistered Agent signat	ure required o	when reinstating)		DATE	<del></del>	
Fi	ling Fee is \$50.00 ue by May 1, 2006	nd little if applicable. (NOTE: F	legistered Agent signati	ure required v	when reinstating)		e check payable to Department of Stat	te	
Fi	ling Fee is \$50.00		legistered Agent signati				e check payable to Department of Stat	le	
Fi Di	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		10. TITLE	мб	*	Florida ADDITIONS/	e check payable to Department of Stat CHANGES	Addition	
9. TITLE NAME	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI MGR RUSSELL, DOUGLAS R	RS/MANAGERS	10. TITLE NAME	Me.	K GUAS A	ADDITIONS/	e check payable to Department of State CHANGES Change		
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Indicated on this report is true and accurate and the 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 trubble and that me considered to execute this report as required by Chapter 608, Florida Statutes.

4/10/06 407-509-8484 Date Dayling Proce 9