2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# L03000028280

Entity Name: CARRELLAM, LLC

Current Principal Place of Business:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

20 S. BROAD STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 14-1891419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORIDA & OFFSHORE BUSINESS IINFORMATION,
INC. 20 S. BROAD STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete	
Name:	CARDNO, GORDON L	
Address:	17 BELMONT LANE	
City-St-Zip:	STANMORE MIDDLESEX, HA72PL	
Title:	MGRM ( ) Delete	
Name:	ELLIS, KATE R	
Address:	17 BELMONT LANE	
City-St-Zip:	STANMORE MIDDLESEX, HA72PL	
Title:	MGRM ( ) Delete	
Name:	LAIRD, FRASER	
Address:	84 INVERORAN DRIVE	
City-St-Zip:	GLASCOW SCOTLAND,	
Title:	MGRM ( ) Delete	
Name:	LAIRD, KATHLEEN M	
Address:	84 INVERORAN DRIVE	
City-St-Zip:	GLASCOW SCOTLAND,	
Title:	MGRM ( ) Delete	
Name:	MURRAY, LYNDA A	
Address:	25 SHERBORNE AVENUE	
City-St-Zip:	NORWOOD GREEN MIDDLESEX,	
Title:	MGRM ( ) Delete	
Name:	MURRAY, NEIL A	
Address:	25 SHERBORNE AVENUE	
City-St-Zip:	NORWOOD GREEN MIDDLESEX,	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NEIL A MURRAY MGRM 03/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date