

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/2004-90098-004-\$50.00-\$50.00

**FILED**

2004 OCT 15 P 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E083 (4/04)

<b>DOCUMENT # L03000033649</b>			
1. Entity Name <b>CAROL SUSAN, LLC</b>			
Principal Place of Business <b>23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b>		Mailing Address <b>23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>54-2124880</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SCHARF, ROBERT D WEINSTEIN &amp; SCHARF, P.A. 1999 UNIVERSITY DR, STE. 402 CORAL SPRINGS FL 33071</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER MALCOLM SCHARF 23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER MALCOLM SCHARF 23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER RHODA SCHARF 23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER RHODA SCHARF 23 HAMPSHIRE LANE BOYNTON BEACH FL 33436</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Malcolm Scharf* **MALCOLM SCHARF** **8/5/04 (561) 734-8901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Date) Daytime Phone #

*Malcolm Scharf* **MALCOLM SCHARF** **10/9/04 (561) 734-8901**