## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000033894**

1. Entity Name CARSE NARCOOSSEE, LLC



FILED Feb 12, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

1700 SOUTH BUMBY AVE. ORLANDO, FL 32806

Mailing Address

1700 SOUTH BUMBY AVE. ORLANDO, FL 32806



02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3568536

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARSE, WAYNE L 1700 SOUTH BUMBY AVE. ORLANDO, FL 32806

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	above named entity submits this statement for the purpose of char obligations of registered agent.	nging its registered office or registered agent, or both, in the St	tate of Florida. I am familiar with, and accept
SIGNAT	TURE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registored Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

**CARSE LIMITED PARTNERSHIP #2** NAME 1700 S. BUMBY AVE. STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP TILE NAME STREET ADDRESS

U00000632947 02/21/07-80042-013 50.00

CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-7IP

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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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Signature & typed or printed name signing officer director

Olice Wayne L. Carse 2/6/07

Date

407-898-9494 Daytime Phone #