


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040333

1. Entity Name
CARLYN LLC, REALTORS



Principal Place of Business _____ Mailing Address _____

**305 GOODLETTE FRANK RD., UNIT 205C
 NAPLES, FL 34102** **305 GOODLETTE FRANK RD., UNIT 205C
 NAPLES, FL 34102**



01112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1458632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, CAREY J
 305 GOODLETTE FRANK RD., UNIT 205C
 NAPLES, FL 34102**

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 _____ DATE _____

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, CAREY J 305 GOODLETTE FRANK RD. UNIT 205C NAPLES, FL 34102
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Carey J Hughes
SIGNATURE: CAREY J. HUGHES 1/27/05 239-262-0278

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