

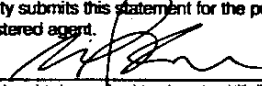



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90084 011 ****55.00

DOCUMENT # L03000041122					
1. Entity Name CAROLTN INVESTMENTS LLC					
Principal Place of Business 8416 106 AVE VERO BEACH, FL 32967			Mailing Address PO BOX 6156 MIAMI, FL 33299		
2. Principal Place of Business 16575 NW 20 ST. Suite, Apt. #, etc.		3. Mailing Address AS ABOVE Suite, Apt. #, etc.			
City & State PEMBROKE PINES FL		City & State AS ABOVE		07182006 Chg-LLC CR2E083 (11/05)	
Zip 33028		Country BLOWARD		4. FBI Number 30-0372689	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, CARLTON C 8416 106 AVE VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name: CAMPBELL CARLTON C Street Address (P.O. Box Number is Not Acceptable): 16575 NW 20 ST City: PEMBROKE PINES FL Zip Code: 33028		
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: JULY 19 2006	
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, CARLTON C PO BOX 6156 MIAMI, FL 33299	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, CAROLYN H PO BOX 6156 MIAMI, FL 33299	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. 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: 				Date: 7/19/2006 Daytime Phone #: 786 354 0480	