2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # L03000042553_____ 1. Entity Name CARÓZEL, LLC Mailing Address Principal Place of Business 302 72ND STREET 302 72ND STREET HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 04112005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0374337 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BARNES, GARRET T DO NOT WRITE BARNES WALKER, CHARTERED 3119 MANATEE AVE. WEST IN THIS SPACE BRADENTON, FL 34205_ 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, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS MGR WURZEL, ROBERT D NAME U00000318016 302 72ND STREET STREET ADDRESS 04/20/05-80041-021 50.00 CITY-ST-ZIP HOLMES BEACH, FL 34217 MGR WURZEL, CAROLYN D NAME 302 72ND STREET STREET ADDRESS HOLMES BEACH, FL 34217 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 free 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 AND TYPED OR PRINTED NAME OF SIGNING WANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED