

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90021 049 \*\*\*\*50.00

**DOCUMENT # L03000042669**

1. Entity Name

CAROLINE LEE, LLC



Principal Place of Business

50 ASPEN STREET  
DAYTONA BEACH FL 32124

Mailing Address

50 ASPEN STREET  
DAYTONA BEACH FL 32124



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

20-0490548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DIPIETRO, CAROLINE~~ CAROLINE LEE  
50 ASPEN STREET  
DAYTONA BEACH FL 32124

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 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 |
|-------|--|-----------------|------------------------|---------------------------------|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| MGRM  | <del>DIPIETRO, CAROLINE</del> CAROLINE LEE | 50 ASPEN STREET | DAYTONA BEACH FL 32124 | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |  |                 |                        | <input type="checkbox"/>        |       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #