


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90056 001 ***150.00

DOCUMENT # L03000044025 1. Entity Name CARRIE LEE'S COCOA BEACH, LLC	
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Principal Place of Business 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931	Mailing Address PO BOX 321534 COCOA BEACH, FL 32932-1534
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DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0343135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BURKE, MATTHEW T CERTIFIED PUBLIC ACCOUNTANT 803 NORTH ORLANDO AVENUE, SUITE #108 COCOA BEACH, FL 32931	DO NOT WRITE IN THIS SPACE
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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.

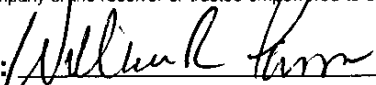
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, BILL 3050 N. ATLANTIC AVE COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKLEY, SCOTT 3550 N. ATLANTIC AVE COCOA BEACH, FL 32931
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**DO NOT WRITE
IN THIS SPACE**

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:  **4/5/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #