

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000014495**

**1. Entity Name**  
**CARROLLWOOD PARTNERS, LLC**



**Principal Place of Business**

**825 BRICKELL BAY DRIVE, #1644**  
**MIAMI, FL 33131**

**Mailing Address**

**825 BRICKELL BAY DRIVE, #1644**  
**MIAMI, FL 33131**



01262007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**86-1098021**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MASTRIANA, F. RONALD**  
**1500 NORTH FEDERAL HIGHWAY, #200**  
**FT. LAUDERDALE, FL 33304**

**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**

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

*(NOTE: Registered Agent signature required when reinstating)*

**DATE**

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** MENDELSON, LARRY  
**STREET ADDRESS** 825 BRICKELL DRIVE, #1644  
**CITY-ST-ZIP** MIAMI, FL 33131

**TITLE** MGRM  
**NAME** MASTRIANA-SOLAL, ALEXANDRA  
**STREET ADDRESS** 1500 NORTH FEDERAL HIGHWAY, #202  
**CITY-ST-ZIP** FT. LAUDERDALE, FL 33304

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

UD00000899232  
04/19/07-80034-013 50.00

**DO NOT WRITE  
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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:**

**Laurans A. Mendelson**

**4/12/07**

**305-374-1745**

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

**Daytime Phone #**