2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # L04000015961** 04-28-2005 90030 032 ****50.00 CAROLINE PROPERTIES, LLC Principal Place of Business Mailing Address 14005519 1340 FORREST AVE 1340 FORREST AVE CHIPLEY, FL 32428 CHIPLEY, FL 32428 2. Principal Place of Business 3. Mailing Addres 721 5th Street 5th Street 04212005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State 20-0801833 Not Applicable Country Country U.S \$5.00 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HATCHER, AYSHIA S 1340 FORREST AVE CHIPLEY, FL 32428 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 8. The above named entity submits # the obligations of registered ag-SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change TITLE ☐ Addition TITLE ☐ Delete HATCER, AYSHIA S NAME NAME 7215thStreet STREET ADDRESS 1340 FORREST AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chipley, FL 32428 CHIPLEY, FL 32428 MGRM TITLE Change TITLE ☐ Delete ■ Addition HATCHER, JASON D DO NAME NAME 721 5th Street 1340 FORREST AVE STREET ADDRESS STREET ADDRESS CHIPLEY, FL 32428 CITY-ST-ZIP Chipley, FC 32428 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #