


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90310 016 \*\*\*\*50.00

<b>DOCUMENT # L04000025293</b>	
1. Entity Name <b>CARLYLE PROPERTIES, LLC</b>	

Principal Place of Business <b>1948 NE 123RD STREET 101 NORTH MIAMI, FL 33181</b>	Mailing Address <b>PO BOX 547005 SURFSIDE, FL 33154</b>
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2. Principal Place of Business - No P.O. Box # <b>7420 CARLYLE AVE</b>	3. Mailing Address <b>- SAME -</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PO BOX 547005</b>
City & State <b>MIAMI BEACH, FL</b>	City & State <b>SURFSIDE, FL</b>
Zip <b>33141</b>	Country <b>USA</b>
Zip <b>33154</b>	Country <b>USA</b>

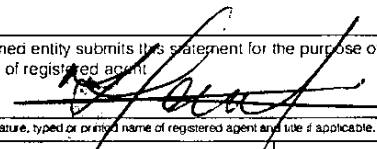


01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>42-1626009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PAONESSA, LOURDES I 1948 NE 123RD STREET 101 NORTH MIAMI, FL 33181</b>	7. Name and Address of New Registered Agent Name <b>LOURDES PAONESSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8859 GARLAND AVENUE</b> City <b>SURFSIDE</b> FL Zip Code <b>33154</b>
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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.

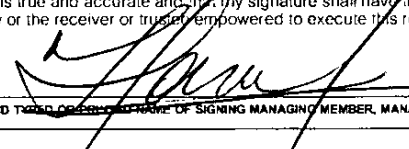
SIGNATURE  DATE **01/15/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES I 1948 NE 123RD STREET, SUITE 101 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8859 GARLAND AVENUE SURFSIDE, FL 33154</b>
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
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
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
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
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

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:  DATE **01/15/07**

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