


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000025293

1. Entity Name
CARLYLE PROPERTIES, LLC



Principal Place of Business
**1948 NE 123RD STREET
 101
 NORTH MIAMI, FL 33181**

Mailing Address
**PO BOX 547005
 SURFSIDE, FL 33154**

2. Principal Place of Business - No P.O. Box #
7420 CARLYLE AVE

3. Mailing Address
- SAME -

Suite, Apt. #, etc.
PO BOX 547005

City & State
MIAMI BEACH, FL

City & State
SURFSIDE, FL

Zip
33141

Country
USA

Zip
33154

Country
USA



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
42-1626009

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**PAONESSA, LOURDES I
 1948 NE 123RD STREET
 101
 NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name
LOURDES PAONESSA

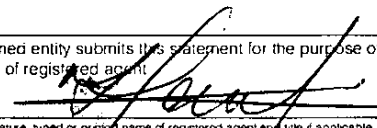
Street Address (P.O. Box Number is Not Acceptable)
8859 GARLAND AVENUE

City
SURFSIDE

FL

Zip Code
33154

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 reinstating)

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

**Make check payable to
 Florida Department of State**

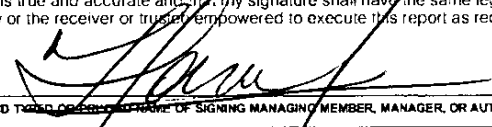
9. MANAGING MEMBERS/MANAGERS

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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	8859 GARLAND AVENUE SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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