


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000025293 1. Entity Name CARLYLE PROPERTIES, LLC	
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Principal Place of Business 7420 CARLYLE AVE MIAMI BEACH, FL 33141	Mailing Address PO BOX 547005 SURFSIDE, FL 33154
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**DO NOT WRITE IN THIS SPACE**



03182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 42-1626009	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

PAONESSA, LOURDES I  
 8859 GARLAND AVE  
 SURFSIDE, FL 33154

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

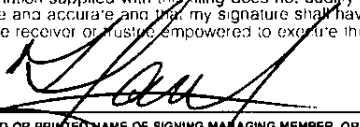
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000265437  
 04/07/08-80028-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAONESSA, LOURDES I 8859 GARLAND AVE SURFSIDE, FL 33154
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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:  03/18/08 305 9818400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #