


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90090 027 ****50.00

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|---|---|
| DOCUMENT # L04000034281 |  |
| 1. Entity Name CAROLINA MALLARD LLC | |

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|---|---|
| Principal Place of Business 1850 SE 17th St. 1080 SE 3RD AVE Suite 300 FORT LAUDERDALE, FL 33316 US | Mailing Address 1850 SE 17th St. 1080 SE 3RD AVE Suite 300 FORT LAUDERDALE, FL 33316 US |
|---|---|

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|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02152005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 81-0649332 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WRIGHT, PETER 1080 SE 3RD AVE 1850 SE 17th St., Suite 300 FORT LAUDERDALE, FL 33316 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|--|--|

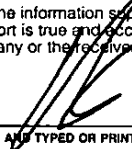
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | | |
|-----------|--|------|
| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUDSON, HARRIS W 1080 SE 3RD AVE 1850 SE 17th St., Suite 300 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1850 SE 17th St., Suite 300 Ft. Lauderdale, FL 33316 <input checked="" 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 | MGR Peter W. Wright 1850 SE 17th St., Suite 300 Ft. Lauderdale, FL 33316 <input type="checkbox"/> Change <input checked="" 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 |
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| 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 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.

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|---|------------------------|----------------|---------------------|
| SIGNATURE:  | Peter W. Wright | 3/29/05 | 954-356-5800 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | Daytime Phone # |