


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000041125
1. Entity Name
CAROLINA CABIN, LLC



Principal Place of Business Mailing Address
8165 S. TROPICAL TRAIL 8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952

DO NOT WRITE IN THIS SPACE



02132008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 57-1206256	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NABERHAUS, TERRANCE W
8165 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NABERHAUS, TERRANCE W 8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NABERHAUS, KAREN J 8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGINNIS, JAMES D 700 CENTRAL BLVD. MELBOURNE, FL 329014232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGINNIS, LORRAINE K 700 CENTRAL BLVD. MELBOURNE, FL 329014232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIELSEN, KEITH A 2225 KEYSTONE AVENUE MELBOURNE, FL 329046148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIELSEN, JENAI E 2225 KEYSTONE AVENUE MELBOURNE, FL 329046148

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04/08/06-80043-008 50.00

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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:  3/21/06 321-455-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #