


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041125 1. Entity Name CAROLINA CABIN, LLC	
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Principal Place of Business 8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952	Mailing Address 8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1206256	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 NABERHAUS, TERRANCE W 8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

**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 _____
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, 2007**

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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IN THIS SPACE**

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04/04/07-80023-010 50.00

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:

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

Date

Daytime Phone #