2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041125

Entity Name: CAROLINA CABIN, LLC

FILED Feb 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

US

8165 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952

FEI Number: 57-1206256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: NABERHAUS, TERRANCE W
Address: 8165 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM

Name: NABERHAUS, KAREN J Address: 8165 S. TROPICAL TRAIL City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM

 Name:
 MCGINNIS, JAMES D

 Address:
 700 CENTRAL BLVD.

 City-St-Zip:
 MELBOURNE, FL 329014232

Title: MGRM

 Name:
 MCGINNIS, LORRAINE K

 Address:
 700 CENTRAL BLVD.

 City-St-Zip:
 MELBOURNE, FL 329014232

Title: MGRM

 Name:
 NIELSEN, KEITH A

 Address:
 2225 KEYSTONE AVENUE

 City-St-Zip:
 MELBOURNE, FL 329046148

Title: MGRM

 Name:
 NIELSEN, JENAI E

 Address:
 2225 KEYSTONE AVENUE

 City-St-Zip:
 MELBOURNE, FL 329046148

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: TERRANCE W. NABERHAUS MGRM 02/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date