2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Jan 12, 2006 08:00 AM DOCUMENT # L04000045521 **Secretary of State** 1. Entity Name CARMILL, LLC Mailing Address Principal Place of Business 910 FRANCESCA COURT 910 FRANCESCA COURT PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 01082006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1257770 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TYBURSKI, ROBERT DO NOT WRITE 910 FRANCESCA COURT PUNTA GORDA, FL 33950 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. (NOTE: Registered Agent signature required when reinesating) นนุขอบของสัฐโร 01/17/06-80034-018 50.00 Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE TYBURSKI, ROBERT NAME STREET ADDRESS 910 FRANCESCA CT CITY-ST-ZIP PUNTA GORDA, FL 33950 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 111/E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

S MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #