
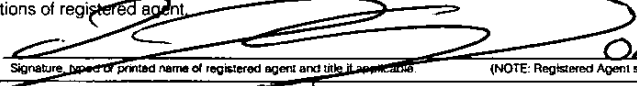
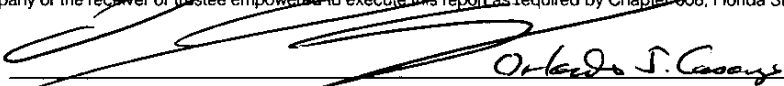


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90136 032 \*\*\*\*50.00

<b>DOCUMENT # L04000048217</b> 1. Entity Name <b>CARELCA, LLC</b>					
Principal Place of Business <b>8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b>			Mailing Address <b>8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166</b>		
2. Principal Place of Business <b>8222 NW South River Dr</b>		3. Mailing Address <b>8222 NW South River Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Medley FL</b>		City & State <b>Medley FL</b>		4. FEI Number <b>20-1305425</b>	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, RAFAEL A 201 ALHAMBRA CIRCLE, SUITE 702 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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  <b>Orlando J. Casariego</b> <b>3-11-05</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASARIEGO, ORLANDO J 8222 S.W. SOUTH RIVER DRIVE MEDLEY, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			SIGNATURE:  <b>Orlando J. Casariego</b> <b>3-11-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
			<small>Date Daytime Phone #</small>		