


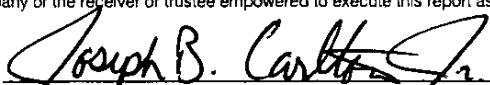


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90106 043 \*\*\*138.75

<b>DOCUMENT # L04000052758</b> 1. Entity Name <b>JOEY CARLTON, LLC</b>																													
Principal Place of Business <b>3310 CARLTON ROAD PERRY, FL 32348 US</b>			Mailing Address <b>3310 CARLTON RD. PERRY, FL 32348 US</b>																										
2. Principal Place of Business - No P.O. Box # <b>1708 S. Byron Butler Pkwy</b> Suite, Apt. #, etc. <b>Suite I</b> City & State <b>Perry, FL</b> Zip <b>32348</b>		3. Mailing Address <b>1708 S. Byron Butler Pkwy</b> Suite, Apt. #, etc. <b>Suite I</b> City & State <b>Perry, FL</b> Zip <b>32348</b>																											
4. FEI Number <b>16-1704488</b>		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>CARLTON, JOSEPH B JR. 3310 CARLTON RD. PERRY, FL 32348</b>			7. Name and Address of New Registered Agent Name <b>Carlton, Joseph B Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1708 S. Byron Butler Pkwy Suite I</b> City <b>Perry</b> State <b>FL</b> Zip Code <b>32348</b>																										
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  DATE <b>2/26/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARLTON, JOSEPH B JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3310 CARLTON RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>PERRY, FL 32348</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CARLTON, JOSEPH B JR		STREET ADDRESS	3310 CARLTON RD		CITY- ST- ZIP	PERRY, FL 32348		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGRM</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CARLTON, JOSEPH B JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1708 S. Byron Butler Pkwy Suite I</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Perry, FL 32348</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CARLTON, JOSEPH B JR.		STREET ADDRESS	1708 S. Byron Butler Pkwy Suite I		CITY- ST- ZIP	Perry, FL 32348	
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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: 			Date: <b>2/26/08</b>		Daytime Phone #: <b>850-223-1514</b>																								