

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000056044

1. Entity Name
SPA CARA, LLC



Principal Place of Business
283 ROYAL POINCIANA WAY
PALM BEACH, FL 33408

Mailing Address
470 COLUMBIA DR STE D-201
WEST PALM BEACH, FL 33409



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1428267

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, CHARLES D
8412 NATIVE DANCER RD
PALM BEACH GARDENS, FL 33418

**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**

U000000589861
01/18/07-80033-023 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONIGLIO, FRANK
104 CLEMATIS STREET
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONIGLIO, NICHOLAS
104 CLEMATIS STREET
WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEERS, KEN
283 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONIGLIO, GAIL L
1139 N OCEAN BLVD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONIGLIO, CARA
1139 N OCEAN BLVD
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

1/11/07

561-833-3520