


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90018 016 ****50.00

DOCUMENT # L04000056640

1. Entity Name
 CAROL, LLC



Principal Place of Business Mailing Address

9370 SW 87TH AVE 9370 SW 87TH AVE
 STE. 19 STE. 19
 MIAMI, FL 33176 US MIAMI, FL 33176 US

2. Principal Place of Business 3. Mailing Address

1531 SW 153rd PATH P.O. Box 651085


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, Florida Miami, Florida

Zip Country Zip Country

33194 U.S.A 33265 U.S.A



03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

20-2503301 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAOLINI, CARLOS E
 9370 SW 87TH AVE
 STE. 19
 MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 *Carlos E. Paolini* DATE 03/1/2006

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAOLINI, CARLOS E 9370 SW 87TH AVE STE. 19 MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paolini, Carlos E 1531 SW 153rd PATH Miami, FL 33194 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Carlos E. Paolini* DATE 03/1/2006 DAYTIME PHONE # 305-2216558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE