

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058263

Entity Name: CAREFREE REALTY, LLC

FILED  
Sep 03, 2008  
Secretary of State

**Current Principal Place of Business:**

8065 BENEVA ROAD  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

**Current Mailing Address:**

8065 BENEVA ROAD  
SARASOTA, FL 34238 US

**New Mailing Address:**

FEI Number: 03-0547204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COON, FRANK D JR.  
3605 57TH AVENUE DRIVE W.  
BRADENTON, FL 34210 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COON, FRANK D JR.  
Address: 3605 57TH AVENUE DRIVE W.  
City-St-Zip: BRADENTON, FL 34210 US

Title: MGRM ( ) Delete  
Name: DICKINSON, JOANNE J  
Address: 117 LAKESHORE RD E #314  
City-St-Zip: MISSISSAUGA, ON L5G 4T6 CA

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOANNE J. DICKINSON

MGRM

09/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date