#### 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L04000065908

1. Entity Name

CARR INTERNATIONAL HOLDING COMPANY, LLC



**FILED** Jan 12, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

Mailing Address

16502 N. DALE MABRY TAMPA, FL 33618

16502 N. DALE MABRY **TAMPA, FL 33618** 



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2371931

Applied For Not Applicable

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5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPRAQUE, PATRICK F ESQ 1904 E. BUSCH BLVD TAMPA, FL 33612

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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 it applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

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

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, LARRY A 16502 N DALE MABRY HWY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS GRY-ST-ZIP	VS CARR, DAVID L II 16502 N DALE MABRY HWY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAZZIE, LYNDA C 16502 N DALE MABRY HWY TAMPA, FL 33618	
TITLE NAME STREET AUDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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11. I hereby certify that the information supplied with this filling 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.

URE: Synda C. Mayli Lyada C. Signature and type Or printed name of signature and type or printed name of signing managing member, or authorized representative

Daytime Phone #