


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90179 047 ****55.00

DOCUMENT # L04000070806 1. Entity Name MCCARLTON ENTERPRISES, L.L.C.					
Principal Place of Business 8713 26TH AVENUE EAST PALMETTO, FL 34221			Mailing Address 8713 26TH AVENUE EAST PALMETTO, FL 34221		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRINKMANN, HENRY E 8713 26TH AVENUE EAST PALMETTO, FL 34221				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
				MGRM Thomas Brinkmann Schlossborner Weg 6a 65510 Idstein Germany	
				MGRM Hermann MerKL Am Berbig 20 65817 Eppstein Germany	
					Change <input type="checkbox"/> Addition <input type="checkbox"/>
					Change <input type="checkbox"/> Addition <input type="checkbox"/>
					Change <input type="checkbox"/> Addition <input type="checkbox"/>
					Change <input type="checkbox"/> Addition <input type="checkbox"/>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas Brinkmann</u> Thomas Brinkmann				2 FEBRUARY 2005 (941) 729-1175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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