



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90100 014 ****55.00

DOCUMENT # L04000074357			
1. Entity Name CARLE GROUP LLC			
Principal Place of Business 1273 SHERMAN ST. ORLANDO, FL 32828 US		Mailing Address P.O. BOX 771231 ORLANDO, FL 32877 US	
2. Principal Place of Business 9426 E. Colonial Dr. Suite, Apt. #, etc. #110 City & State Orlando, FL Zip 32817 Country US		3. Mailing Address 9426 E. Colonial Dr. Suite, Apt. #, etc. #110 City & State Orlando, FL Zip 32817 Country US	
6. Name and Address of Current Registered Agent MALDONADO, ADOLFO 1273 SHERMAN ST. ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 MALDONADO, ADOLFO STREET ADDRESS 1273 SHERMAN ST CITY-ST-ZIP ORLANDO, FL 32828	<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 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: 		4-28-2005 321-217-7048	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	