


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000083550
 1. Entity Name
 CAROL INVESTMENTS, L.L.C.



Principal Place of Business 15834 W. STATE ROAD 84 SUNRISE, FL 33326 US	Mailing Address 15834 W. STATE ROAD 84 SUNRISE, FL 33326 US
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U00000483695
 04/12/06-80007-025 150.00



DO NOT WRITE IN THIS SPACE

03012006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1894453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAEZ, CRISTOBAL
 15834 W. STATE ROAD 84
 SUNRISE, FL 33326

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTELLO, AURA 15834 W. STATE ROAD 84 SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, SONIA 15834 W. STATE ROAD 84 SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, LIDA 15834 W. STATE ROAD 84 SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, OSCAR 15834 W. STATE ROAD 84 SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 606, Florida Statutes.

SIGNATURE:  3-15-06 954-335818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #