


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90185 017 ***150.00

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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00040360

2. Principal Place of Business - No P.O. Box # 1960 N. Commerce Pkwy Suite, Apt. #, etc. Suite 7 City & State Weston FL Zip 33326 Country U.S.A.	3. Mailing Address 1960 N. Commerce Pkwy Suite, Apt. #, etc. Suite 7 City & State Weston FL Zip 33326 Country U.S.A.
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02262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1894453	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1960 N. Commerce Pkwy Suite 7 City Weston FL Zip Code 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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTELLO, AURA 15834 W. STATE ROAD 84 SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, SONIA 15834 W. STATE ROAD 84 SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, LIDA 15834 W. STATE ROAD 84 SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAEZ, OSCAR 15834 W. STATE ROAD 84 SUNRISE, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1960 N. Commerce Pkwy Suite 7 Weston FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: _____	02-27-07	954 335 8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #