

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085068

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARINA ACQUISITIONS #3, LLC

Current Principal Place of Business:

11000 PROSPERITY FARMS RD, STE 205
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

11000 PROSPERITY FARMS RD, STE 205
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-1983382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEIN, STUART B
2801 PGA BLVD.
SUITE 110
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANDLER, BRETT D
Address: 2000 PGA BLVD., STE 3200
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGRM () Delete
Name: HANDLER, JEANNE C
Address: 2000 PGA BLVD., STE 3200
City-St-Zip: PALM BEACH GARDENS, FL 33408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANDLER, BRETT D
Address: 11000 PROSPERITY FARMS RD., STE 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM (X) Change () Addition
Name: HANDLER, JEANNE C
Address: 11000 PROSPERITY FARMS RD., SUITE 205
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEANNE C. HANDLER

MGRM

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date