



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000092035 1. Entity Name CAROLINA PROPERTIES USA LLC |  |
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| Principal Place of Business 2639 MCCORMICK DRIVE CLEARWATER, FL 33759 US | Mailing Address 2639 MCCORMICK DRIVE CLEARWATER, FL 33759 US |
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| DO NOT WRITE IN THIS SPACE |  01262007 No Chg-LLC CR2E083 (11/05) 4. FEI Number NOT APPLICABLE 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 ABRAHAMSON, LEE M 2639 MCCORMICK DRIVE CLEARWATER, FL 33759 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ABRAHAMSON, LEE M 2639 MC CORMICK DRIVE CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ABRAHAMSON, ERIK G 2639 MC CORMICK DRIVE CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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1100000628578
02/16/07-80020-025 \$5.00

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