2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000092066

CARÓLINA LAND, LLC



Principal Place of Business

1555 PALM BEACH LAKES BLVD STE 1100 WEST PALM BEACH, FL 33401

Mailing Address

C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267

WEST PALM BEACH, FL 33402

FILED Mar 12, 2007 08:00 AM **Secretary of State**



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0533863

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD STE 1100 WEST PALM BEACH, FL 33401

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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.	
~.	AND THE STATE OF T	

(NOTE: Registered Agent signature required when reinstating)

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

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03/22/07-80053-009-55.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COOPER, RON 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD #1100 WEST PALM BEACH, FL 33401	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-S1-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 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 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 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 exemptions contained in Chapter 119, Florida Statutes.

SIGNATURE:

Davime Phone #