

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092066

Entity Name: CAROLINA LAND, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402

New Mailing Address:

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

FEI Number: 51-0533863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECCLESTONE, E. LLWYD
1555 PALM BEACH LAKES BLVD
STE 1100
WEST PALM BEACH, FL 33401 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: P () Delete
Name: ECCLESTONE, E. LLWYD
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD (X) Delete
Name: LEYENDECKER, HELENA
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST (X) Delete
Name: GAMMON, NANNETTE
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAROLINA OPERATING CO.
Address: 1555 PALM BEACH LAKES BLVD #1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NANNETTE GAMMON

S

04/08/2009

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