

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JAN 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000093728
1. Entity Name
CAROLI SPA ENTERPRISES, LLC



Principal Place of Business: 2700 S.W. 37TH AVENUE, MIAMI, FL 33133
Mailing Address: 2700 S.W. 37TH AVENUE, MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

BK

01042007 No Chg-LLC CR2E083 (11/05)



4. FEI Number: 20-2294031 Applied For: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TERMINELLO, LOUIS J ESQ
2700 S.W. 37TH AVENUE
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

900086797239
01/31/07--01012--016 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALSETTO, GINO 1717 NORTH BAYSHORE DRIVE #208 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERMINELLO, NANCY 2700 S.W. 37TH AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Nancy Terminello* **Nancy Terminello** 01/25/07 (305) 444-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #