2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L05000001313

Entity Name: C.A.R.S., LLC

Current Principal Place of Business:

6542 HYPOLUXO ROAD
SUITE 109
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6542 HYPOLUXO ROAD
SUITE 109
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2149559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODMAN, LISA R
6542 HYPOLUXO ROAD
SUITE 109
LAKE WORTH, FL 33467 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: GOODMAN, STEPHEN
Address: 7178 MICHIGAN ISLE ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR ( ) Delete
Name: GOODMAN, ROBERT
Address: 27030 CEDAR ROAD, PH 6
City-St-Zip: BEACHWOOD, OH 44122

Title: MGR ( ) Delete
Name: GOODMAN, ALAN M
Address: 2184 CEDARVIEW DRIVE
City-St-Zip: BEACHWOOD, OH 44122

ADDITIONS/CHANGES:

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

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 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: STEPHEN R. GOODMAN MGRM 01/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date