

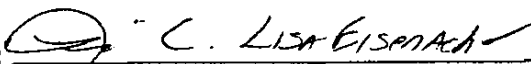
# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 07, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90036 009 \*\*\*\*50.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # L05000003032                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |  |                                                                              |
| 1. Entity Name<br>CARR HOLDINGS I, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                   |                                                                              |
| Principal Place of Business<br>1560 S. DIXIE HIGHWAY, SUITE 209<br>CORAL GABLES, FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | Mailing Address<br>1560 S. DIXIE HIGHWAY, SUITE 209<br>CORAL GABLES, FL 33146     |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 3. Mailing Address                                                                |                                                                              |
| Suite, Apt. #, etc. 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | Suite, Apt. #, etc. 209                                                           |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | City & State                                                                      |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                         | Zip                                                                               | Country                                                                      |
| 4. FEI Number<br>20-2179179                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Applied For<br>Not Applicable                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | \$5.00 Additional Fee Required                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 7. Name and Address of New Registered Agent                                       |                                                                              |
| GRAGG, K. LAWRENCE<br>200 S. BISCAYNE BOULEVARD, SUITE 4900<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                              |
| 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 reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                   |                                                                              |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Make check payable to<br>Florida Department of State                              |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 10. ADDITIONS/CHANGES                                                             |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Date: 4-26-06 (303) 670-0065                                                      |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Date Daytime Phone #                                                              |                                                                              |