## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000005252

Name:

Address:

City-St-Zip:

300 COLFAX AVENUE

CLIFTON, NJ 07013

Entity Name: CARINA NORTH PALM BEACH, LLC

**FILED** May 03, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2000 PGA BLVD SUITE 3200 PALM BEACH GARDENS, FL 33408 **Current Mailing Address: New Mailing Address:** 2000 PGA BLVD SUITE 3200 PALM BEACH GARDENS, FL 33408 FEI Number: 20-2341656 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLEIN, STUART B ESQ. KLEIN, STUART B ESQ. 1551 FORUM PLACE 2801 PGA BLD SUITE 110 SUITE 400B WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33410 US 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: 05/03/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HANDLER, BRETT Name: Name: Address: 2000 PGA BLVD., STE 3200 Address: City-St-Zip: PALM BEACH GARDENS, FL 33408 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: TESTA, SABINO Name: Address: 2000 PGA BLVD., STE 3200 Address: City-St-Zip: PALM BEACH GARDENS, FL 33408 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition FRANK, MITCHELL Name: Name: Address: 641 INLET ROAD Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: MGRM Title: () Change () Addition ( ) Delete MORICI, TODD

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRETT D HANDLER **MGRM** 05/03/2007