## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State DOCUMENT # L05000006682 01-12-2006 90038 038 \*\*\*\*55.00 CARNIVAL WHOLESALE, LLC Principal Place of Business Mailing Address 200002~-**7836 EMERALD CIRCLE** 7836 EMERALD CIRCLE **UNIT 102 UNIT 102** NAPLES, FL 34109 NAPLES, FL 34109 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-LLC CR2E083 (11/05) 4. FEI Number 30- 0298027 Applied For City & State City & State Not Applicable ··Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Change ☐ Addition MGR ☐ Delete TITLE TITLE CHANDLAR, MICHAEL NAME NAME STREET ADDRESS 7836 EMERALD CIRCLE, UNIT 102 STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITY F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLÉ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 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 the state empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

au 10,2066

561-212-2333

Jan 12, 2006 8:00 am