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Secretary of State

02-03-2006 90080 025 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012173

1. Entity Name
CARALEX REALTY CO., LLC

20004752

Principal Place of Business	Mailing Address
ATTN: PETER BERLEY 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480	ATTN: PETER BERLEY 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480

01302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
ATTN: PETER BERLEY	ATTN: PETER BERLEY
Suite, Apt. #, etc.: 600 ISLAND DRIVE	Suite, Apt. #, etc.: 600 ISLAND DRIVE
City & State: PALM BEACH, FLORIDA	City & State: PALM BEACH, FLORIDA
Zip: 33480 Country: US	Zip: 33480 Country: US

4. FEI Number 20-2350007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERLEY, PETER 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480	Name: PETER BERLEY Street Address (P.O. Box Number is Not Acceptable): 600 ISLAND DRIVE City: PALM BEACH FL Zip Code: 33480

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 [signature] PETER BERLEY 1/30/06

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERLEY, PETER 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERLEY, PETER 600 ISLAND DRIVE PALM BEACH, FLORIDA 33480	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] PETER BERLEY 1/30/06 561655 9633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #