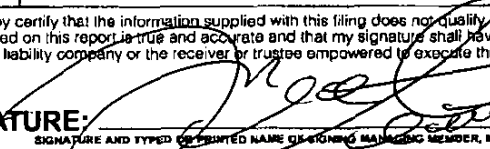


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000019250																											
1. Entity Name CARLAND, LLC																											
Principal Place of Business 7019 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33710		Mailing Address 7019 FIRST AVENUE SOUTH ST. PETERSBURG, FL 33710																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		150 2nd Ave No Suite 1100C																									
City & State		City & State St. Petersburg, FL																									
Zip	Country	Zip	Country																								
		33701																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
BRONSTEIN, JOEL D 150 SECOND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701		Name Street Address (P.O. Box Number is Not Acceptable) City 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 reinstating) DATE _____																											
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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:  **7-25-06**

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

Michael Alstott, Member

FILED
06 AUG-3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☐ Applied For ☐ Not Applicable

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