07/25/2006 15:22 FAX 002/004

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

07212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address
~~150 2nd Ave No~~
Suite, Apt. #, etc.
Suite 1100
City & State
St. Petersburg, FL
Zip
33701
Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, SUITE 1100
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

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 ______
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM ~~Mbr~~ ☐ Delete
NAME: Alstott, Michael
STREET ADDRESS: 7019 First Avenue South #1
CITY-ST-ZIP: St. Petersburg, FL 33710

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

200078469992
08/08/06--01032--004 **50.00

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: ______ 7-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael Alstott, Member