## Feb 05, 2007 8:00 am 2007 LIMITED LIABILITY COMPANY Secretary of State **ANNUAL REPORT** DOCUMENT # L05000025123 02-05-2007 90202 025 \*\*\*\*50 00 1. Entity Name CAREY PROPERTIES, LLC Principal Place of Business Mailing Address 60013252 C/O JOHN C. DENIRO C/O JOHN C. DENIRO 822 E. ATLANTIC AVE 822 E. ATLANTIC AVE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For APPLIED FOR 20.4037 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENIRO, JOHN C Street Address (P.O. Box Number is Not Acceptable) 822 E. ATLANTIC AVE DELRAY BEACH, FL 33483 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 May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. Delete TATLE TITLE ☐ Change ■ Addition JEFFERSON HOLDINGS LLC NAME NAME STREET ADDRESS **822 EAST ATLANTIC AVENUE** STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP Managing Member τn TITLE Change Addition NA NAME John C. DeNiro 822 E Atlantic Ave 33483 ST STREET ADDRESS CI CITY-ST-7IP TI. second submission TITLE Change ☐ Addition NAME \$1 STREET ADDRESS with this information ... CITY-ST-ZIP CI TI TITLE □ Change ■ Addition NAME Please correct our record. Thankyou. STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

100

DOCUMENT #L05000025123 1. Entity Name
CAREY PROPERTIES, LLC ATTACHMENT 60013252 Mailing Address Principal Place of Business C/O JOHN C. DENIRO C/O JOHN C. DENIRO 822 E. ATLANTIC AVE 822 E. ATLANTIC AVE DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State ÚL. -41.3726-3 Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DENIRO, JOHN C Street Address (P.O. Box Number is Not Acceptable) 822 E. ATLANTIC AVE DELRAY BEACH, FL 33483 Zip Code City 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Managing Member John C. Tentre 2003 C. Atlantic Ave. TITLE ☐ Delete Channe **⊠** Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 33483 CITY-ST-ZIP Deliay Black, FL TITLE ☐ Change Addition TITLE This is the form NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP we filed last year, TITLE Change Addition TITLE NAME NAME in 2006, with The STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE correct information. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP 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 repetyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. wo 4-22-06 SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date