

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90040 007 ***138.75

DOCUMENT # L05000025123

1. Entity Name
CAREY PROPERTIES, LLC



Principal Place of Business
**C/O JOHN C. DENIRO
822 E. ATLANTIC AVE
DELRAY BEACH, FL 33483**

Mailing Address
**C/O JOHN C. DENIRO
822 E. ATLANTIC AVE
DELRAY BEACH, FL 33483**

60034839



2. Principal Place of Business - No P.O. Box #
824 E. Atlantic Ave
Suite, Apt. #, etc.
Suite #7
City & State

3. Mailing Address
824 E Atlantic Ave
Suite, Apt. #, etc.
Suite #7
City & State

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4037863
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DENIRO, JOHN C
822 E. ATLANTIC AVE
DELRAY BEACH, FL 33483**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
824 E Atlantic Ave, #7
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]* **4/29/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DENIRO, JOHN C
822 E. ATLANTIC AVE
DELRAY BEACH, FL 33483** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
824 E Atlantic Ave #7 ☒ 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
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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]* **4/29/08** **561 278-3030**
Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #