

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026070

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** FIRST CARLSON ENTERPRISES LLC

**Current Principal Place of Business:**

1243 AQUILA LOOP  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

1243 AQUILA LOOP  
CELEBRATION, FL 34747 US

**New Mailing Address:**

**FEI Number:** 14-1927514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OLIVER, LEWIS M III  
20751 STATE ROAD 520  
SUITE 102  
ORLANDO, FL 32833 US

**Name and Address of New Registered Agent:**

OLIVER, LEWIS M III  
11549 LAKE UNDERHILL RD  
ORLANDO, FL 32825 US

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.

**SIGNATURE:**

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CARLSON, BRUCE A  
**Address:** 1243 AQUILA LP  
**City-St-Zip:** CELEBRATION, FL 34747 US

**Title:** MGRM  
**Name:** CARLSON, KATHLEEN S  
**Address:** 1243 AQUILA LOOP  
**City-St-Zip:** CELEBRATION, FL 34747 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** BRUCE A. CARLSON

MGR

03/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date