

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026083

FILED
Apr 24, 2007
Secretary of State

Entity Name: SECOND 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 32833 US

New Mailing Address:

FEI Number: 14-1927515 **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:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR () Delete
Name: CARLSON, BRUCE A
Address: 1243 AQUILA LOOP
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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

04/24/2007

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