## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000026083

Address:

City-St-Zip:

Entity Name: SECOND CARLSON ENTERPRISES LLC

FILED May 01, 2009 Secretary of State

FLAT 5, WOODHILL COURT, 175 WOODHILL

LONDON, UK SE18 5HS UK

**Current Principal Place of Business: New Principal Place of Business:** 1243 AQUILA LOOP CELEBRATION, FL 34747 US **Current Mailing Address: New Mailing Address:** 1243 AQUILA LOOP 1243 AQUILA LOOP CELEBRATION, FL 32833 US CELEBRATION, FL 34747 US FEI Number: 14-1927515 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVER, LEWIS M III 20751 STATE ROAD 520 SUITE 102 ORLANDO, FL 32833 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CARLSON, KATHLEEN S Name: Name: 1243 AQUILA LOOP Address: Address: City-St-Zip: CELEBRATION, FL 34747 US City-St-Zip: Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name: CARLSON, BRUCE A Name: CARLSON, BRUCE A Address: 1243 AQUILA LOOP Address: 1243 AQUILA LOOP City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747 US Title: () Delete Title: MGRM ( ) Change (X) Addition CARLSON, BRADLEY S Name: Name: Address: Address: 1243 AQUILA LOOP City-St-Zip: City-St-Zip: CELEBRATION, FL 34747 US Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: CARLSON, BRIAN S

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: BRUCE A. CARLSON MGR 05/01/2009