

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028299

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** CARROLL FAMILY PARTNERSHIP, L.L.C.

**Current Principal Place of Business:**

220 SOUTH COLLIER BOULEVARD, #601  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

220 SOUTH COLLIER BOULEVARD,  
#601  
MARCO ISLAND, FL 34145 US

**Current Mailing Address:**

220 SOUTH COLLIER BOULEVARD, #601  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

220 SOUTH COLLIER BOULEVARD,  
#601  
MARCO ISLAND, FL 34145 US

**FEI Number:** 54-2170427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, C. WILLIAM  
220 SOUTH COLLIER BOULEVARD, #601  
MARCO ISLAND, FL 34145 US

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

CARROLL, C. WILLIAM  
220 SOUTH COLLIER BOULEVARD,  
#601  
MARCO ISLAND, FL 34145 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: \_\_\_\_\_

02/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARROLL, C. WILLIAM  
Address: 220 SOUTH COLLIER BOULEVARD, #601  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM  
Name: CARROLL, CAROLYN  
Address: 220 SOUTH COLLIER BOULEVARD, #601  
City-St-Zip: MARCO ISLAND, FL 34145

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: C. WILLIAM CARROLL

MGRM

02/11/2012

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