

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054838

Entity Name: CARR ENTERPRISES, LLC

FILED  
Feb 07, 2006  
Secretary of State

**Current Principal Place of Business:**

307-A NORTH HIGHWAY 27  
MINNEOLA, FL 34715

**New Principal Place of Business:**

**Current Mailing Address:**

307-A NORTH HIGHWAY 27  
MINNEOLA, FL 34715

**New Mailing Address:**

FEI Number: 20-3685480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARR, DARREN R  
307-A NORTH HIGHWAY 27  
MINNEOLA, FL 34715 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: CARR, DARREN R  
Address: 18 CHURCH STREET  
City-St-Zip: LAMBLEY, NOTTINGHAMSHIRE, UK NG4 4QB

Title: MGRM ( ) Delete  
Name: CARR, TERESA L  
Address: 18 CHURCH STREET  
City-St-Zip: LAMBLEY, NOTTINGHAMSHIRE, UK NG4 4QB

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARR, DARREN R  
Address: 307-A NORTH HIGHWAY 27  
City-St-Zip: MINNEOLA, FL 34715

Title: MGRM (X) Change ( ) Addition  
Name: CARR, TERESA L  
Address: 307-A NORTH HIGHWAY 27  
City-St-Zip: MINNEOLA, FL 34715

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: DARREN CARR

MGRM

02/07/2006

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