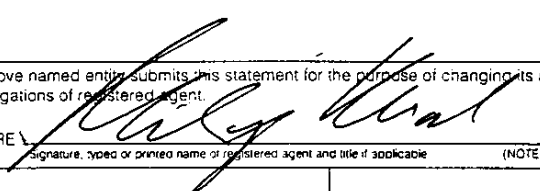
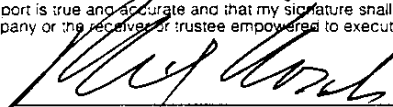


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 17 AM 8:30

DOCUMENT # L05000055168					
1. Entity Name CARSON ACRES, LLC					
Principal Place of Business 301 N OCEAN BLVD UNIT 1207 POMPANO, FL 33062			Mailing Address 301 N OCEAN BLVD UNIT 1207 POMPANO, FL 33062		
2. Principal Place of Business 5350 NW 26th Circle		3. Mailing Address 5350 NW 26th Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11142006 Chg-LLC CR2E083 (11/05)	
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 20-3214674	
Zip 33496		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip 33496		Country USA		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KASH, RICHARD 301 N OCEAN BLVD UNIT 1207 POMPANO, FL 33062			7. Name and Address of New Registered Agent Name Philip Kosak Street Address (P.O. Box Number is Not Acceptable) 5350 NW 26th Circle City Boca Raton FL Zip Code 33496		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Philip Kosak		11/14/06	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KESH, RICHARD 301 N OCEAN BLVD UNIT 1207 TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Majority Member Philip Kosak 5350 NW 26th Circle Boca Raton, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Non-Voting Member Richard Kash 301 N. Ocean Blvd., Unit 1207 Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minority Member Kurt Hanford 1511 SW 4th Avenue Pompano Beach, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081912409 11/17/06--01060--006 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		Philip Kosak, Member		11/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	