

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90426 024 \*\*\*\*50.00

<b>DOCUMENT # L05000059303</b>					
<b>1. Entity Name</b> CARRIAGE HOUSE HOLDINGS, LLC					
<b>Principal Place of Business</b> 7118 SE OSPREY STREET HOBE SOUND, FL 33455			<b>Mailing Address</b> 7118 SE OSPREY STREET HOBE SOUND, FL 33455		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02242006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 26-0123084				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  GOOGE, HOWARD E JR ESQ 401 E. OSCEOLA STREET STUART, FL 34994			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			managing member member Ronald D. Smith 52 LIVE OAK CIRCLE TEQUESTA, FL 32409		
			member James Salinger Jr. 177 N. US Hwy 1 #104 TEQUESTA, FL 32409		
<b>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.</b>					
<b>SIGNATURE:</b> _____			2/24/06    772-546-1837		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		



ATTACHMENT

36002442

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

CARRIAGE HOUSE HOLDINGS, LLC  
7118 SE OSPREY STREET  
HOBE SOUND, FL 33455

Subject: **CARRIAGE HOUSE HOLDINGS, LLC**

Reference Number:

**L05000059303**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION