

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-27-2006 90424 010 \*\*\*\*50.00

**DOCUMENT # L05000059306**

1. Entity Name  
**CARRIAGE HOUSE HOMES ENTERPRISES, LLC**



Principal Place of Business  
**7118 SE OSPREY STREET  
HOBE SOUND, FL 33455**

Mailing Address  
**7118 SE OSPREY STREET  
HOBE SOUND, FL 33455**

**30002443** ---



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**03-0563677**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOOGE, HOWARD E JR ESQ.  
401 E. OSCEOLA STREET  
STUART, FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME **Managing member MGR**  
STREET ADDRESS **Ronald D. Smith**  
CITY - ST - ZIP **52 Live Oak circle**  
**Tequesta, FL 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition  
NAME **member MGR**  
STREET ADDRESS **James Salinger**  
CITY - ST - ZIP **177 N. US Hwy 1 #104**  
**Tequesta, FL 33469**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/24/06**

Date

**772-546-1837**

Daytime Phone #



ATTACHMENT

30007443

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

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

Subject: CARRIAGE HOUSE HOMES ENTERPRISES, LLC

Reference Number: L05000059306

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.

/JD

ANNUAL REPORTS SECTION