

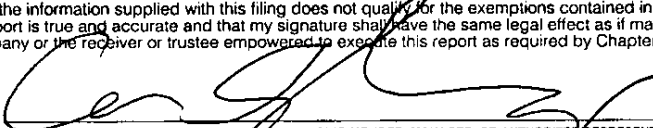


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90094 023 \*\*\*\*50.00

<b>DOCUMENT # L05000065017</b> 1. Entity Name <b>CARSON'S ENTERPRISES, LLC</b>					
Principal Place of Business <b>462 FREEMAN ROAD</b> <b>LAMONT, FL 32336 US</b>			Mailing Address <b>462 FREEMAN ROAD</b> <b>LAMONT, FL 32336 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
07252006 Chg-LLC CR2E083 (11/05)					
4. FEI Number <b>20-3098737</b>					Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SCHMIGEL, CARSON W</b> <b>462 FREEMAN ROAD</b> <b>LAMONT, FL 32336</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>SCHMIGEL, CARSON W</b> <b>462 FREEMAN ROAD</b> <b>LAMONT, F 32336</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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>SIGNATURE:</b> 			<b>7-26-06 850-210-8449</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT  
20052028  
#L05000065017

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARSON'S ENTERPRISES, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

452  
462 FREEMAN ROAD  
LAMONT, FL 32336

**Mailing Address:**

452  
462 FREEMAN ROAD  
LAMONT, FL 32336

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

CARSON SCHMIGEL

Name

452  
462 FREEMAN ROAD

Florida street address (P.O. Box **NOT** acceptable)

LAMONT, FL 32336

FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

ATTACHMENT 20052028  
#L05000065017

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

452

CARSON W. SCHMIGEL

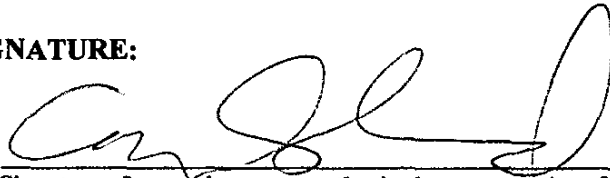
408 FREEMAN ROAD

LAMONT, FL 32336

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARSON W. SCHMIGEL

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**ATTACHMENT**  
**20052028**  
**#L05000065017**

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>See separate instructions for each line. Keep a copy for your records.</b>	<b>EIN</b>  20-3098737  OMB No. 1545-0003				
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> CARSONS ENTERPRISES LLC						
<b>2 Trade name of business (if different from name on line 1)</b>		<b>3 Executor, trustee, "care of" name</b>				
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 462 FREEMAN ROAD → 452 Freeman Rd		<b>5a Street address (if different) (Do not enter a P.O. box)</b>				
<b>4b* City, state, and ZIP code</b> LAMONT FL 32338		<b>5b City, state, and ZIP code</b>				
<b>6* County and state where principal business is located</b> County JEFFERSON State FL						
<b>7a Name of principal officer, general partner, grantor, owner, or trustee</b>		<b>7b SSN, ITIN, EIN</b> 080-64-6011				
<table style="width: 100%;"> <tr> <td style="width: 40%;"> <b>8a* Type of entity (check only one)</b>  <input checked="" type="checkbox"/> Sole Proprietor (SSN) 080 : 64 : 6011  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation (enter form number to be filed) ▶  <input type="checkbox"/> Personal Service  <input type="checkbox"/> Church or church-controlled organization  <input type="checkbox"/> Other nonprofit organization (specify) ▶  <input type="checkbox"/> Other (specify) ▶         </td> <td style="width: 60%;"> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC  <input type="checkbox"/> Group Exemption NO. (GEN) ▶         </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government/military  <input type="checkbox"/> Indian tribal government/enterprises         </td> </tr> </table>			<b>8a* Type of entity (check only one)</b> <input checked="" type="checkbox"/> Sole Proprietor (SSN) 080 : 64 : 6011 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶	<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises	
<b>8a* Type of entity (check only one)</b> <input checked="" type="checkbox"/> Sole Proprietor (SSN) 080 : 64 : 6011 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises						
<b>8b If a corporation, name the state or foreign country (if applicable) where incorporated</b>		<b>State</b> Foreign country				
<b>9* Reason for applying (check only one)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ SINGLE MEMBER LLC <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶						
<table style="width: 100%;"> <tr> <td style="width: 40%;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶  <input type="checkbox"/> Changed type of organization (specify new type) ▶  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶  <input type="checkbox"/> Created a pension plan (specify type) ▶         </td> <td style="width: 60%;"></td> </tr> </table>			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶						
<b>10* Date business started or acquired (month, day, year)</b> JUL 1 2005		<b>11 Closing month of accounting year</b>				
<b>12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) .....</b>						
<b>13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "0" .....</b>		Agriculture Household Other 0				
<b>14* Check box that best describes the principal activity of your business</b> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) LAWN MAINTENANCE						
<b>15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.</b> LAWN MAINTENANCE						
<b>16a* Has the applicant ever applied for an employer identification number for this or any other business? .....</b> <span style="float: right;">NA</span> Note: If "Yes" please complete lines 16b and 16c						
<b>16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.</b> Legal name ▶ Trade name ▶						
<b>16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.</b> Approximate date when filed (month, day, year) City and state where filed Previous EIN						
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form						
<b>Third Party Designee</b>	Designee's name C LUTHER PICKELS CPA Address and ZIP code PO BOX 413 MONTICELLO FL 32345	Designee's telephone number (include area code) ( 850 ) 997 - 1765 Designee's fax number (include area code) ( 850 ) 997 - 0205				
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)				