


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90041 023 ****50.00

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| DOCUMENT # L05000068054 |  |
| 1. Entity Name KARLINS, LLC | |

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| Principal Place of Business 530 MORNING COVE CIRCLE, S.E. PALM BAY, FL 32909 | Mailing Address 530 MORNING COVE CIRCLE, S.E. PALM BAY, FL 32909 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 995 Luminary Cir. #103 | 3. Mailing Address 995 Luminary Cir. #103 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State Melbourne FL | City & State Melbourne FL |
| Zip 32901 | Country Brevard |



01092007 Chg-LLC CR2E083 (12/06)

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| 6. Name and Address of Current Registered Agent DIXON, SCOTT C 2202 SOUTH BABCOCK STREET, SUITE 200 MELBOURNE, FL 32901 | |
| 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMBARTL, KAREL 530 MORNING COVE CIRCLE, S.E. PALM BAY, FL 32909 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 995 Luminary Cir. #103 Melbourne FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SIMBARTL, LINDA 530 MORNING COVE CIRCLE, S.E. PALM BAY, FL 32909 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 995 Luminary Cir. #103 Melbourne FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Karel Simbartl Karel Simbartl 4/15/07 814 573- 7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Linda Simbartl