

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070228

FILED
May 03, 2007
Secretary of State

Entity Name: CARLETON-ANDERSON INVESTMENTS, LLC

Current Principal Place of Business:

3264 CYPRESS LANE
GULF BREEZE, FL 325633220

New Principal Place of Business:

Current Mailing Address:

PO BOX 493
GULF BREEZE, FL 325620493

New Mailing Address:

3264 CYPRESS LANE
GULF BREEZE, FL 325620493

FEI Number: 20-3254807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLETON, DANIEL C
3264 CYPRESS LANE
GULF BREEZE, FL 325633220 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLETON, DANIEL C
Address: PO BOX 493
City-St-Zip: GULF BREEZE, FL 325620493

Title: MGR () Delete
Name: ANDERSON, CLIFFORD
Address: 1553 VIA DE LUNA
City-St-Zip: PENSACOLA BEACH, FL 32562

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARLETON, DANIEL C
Address: 3264 CYPRESS LANE
City-St-Zip: GULF BREEZE, FL 325620493

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAN CARLETON

MGRM

05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date