

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077369

FILED
Apr 17, 2009
Secretary of State

Entity Name: NORTH CAROLINA HOLDINGS, LLC

Current Principal Place of Business:

P.O. BOX 24943
FORT LAUDERDALE, FL 33307 US

New Principal Place of Business:

C/O BANTA PROPERTIES, INC
4050 N.E. 1ST AVENUE, #117
OAKLAND PARK, FL 33334 US

Current Mailing Address:

P.O. BOX 24943
FORT LAUDERDALE, FL 33307 US

New Mailing Address:

FEI Number: 20-3955699 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANGELO, BARRY & BANTA, P.A.
515 E LOS OLAS BLVD
SUITE 850
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ANGELO & BANTA, P.A.
515 E LOS OLAS BLVD
SUITE 850
FORT LAUDERDALE, FL 33301 US

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: GAVIN S. BANTA

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BANTA, BRADFORD C
Address: P. O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307 US

Title: MGRM () Delete
Name: BANTA, CATHERINE M
Address: P.O. BOX 24943
City-St-Zip: FORT LAUDERDALE, FL 33307 US

ADDITIONS/CHANGES:

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

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: BRADFORD C. BANTA

MGRM

04/17/2009

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