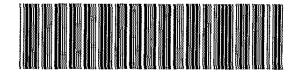
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DIVISION OF CORPORATIONS
06 SEP -5 PM 4: 47

4.00 PM AUG 23 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CARTIER MANAGEMENT, (Name of L	LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
JUDITH PAOLELLA (Name of Person)	
CARTIER MANAGEMENT, LLC	
(Firm/Company) 130 RT. 22 EAST - SUITE	
(Address)	
N. PLAINFIELD, NJ 07060	PN 4: 47
(City/State and Zip Code)	T OF SHORE
For further information concerning this matter	er, please call:
JUDITH PAOLELLA	at (908) 754-1100
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2006

JUDITH PAOLELLA CARTIER MANAGEMENT, LLC 4316 INTRACOASTAL DRIVE HIGHLAND BEACH, FL 33487

SUBJECT: CARTIER MANAGEMENT, L.L.C.

Ref. Number: L05000079789

We have received your document for CARTIER MANAGEMENT, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 906A00051856

Joey Bryan Document Specialist DIVISION OF CORPORATION OF SEPTEMBER OF CORPORATION OF SEP -5 PM 4: 4

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Judith Paolella Cartier Management, LLC 130 Rt.22 East – Suite 105 N. Plainfield, NJ 07060 Tel. 908-754-1100 Fax. 908-754-8849

August 31, 2006

Joey Bryan, Document Specialist Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Statement of Change

Dear Mr. Bryan:

Please find enclosed copy of your letter along with the correct filled out and signed Statement of Change of Registered Office or Agent or both for Limited Liability Company Form.

If you need any further information please do not hesitate to call.

Yours truly,

Judith Paolella Cartier Management, LLC DIVISION OF CORPORATIONS

OF SEP -5 PM 4:47

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	1. The name of the limited lia	ability company is:CART1	IER MANA	AGEMENT, L	.LC	
2.	2. The mailing address of the HIGHLAND BEAC	e limited liability company is:	4316	INTRACOAS	TAL	DRIVE
	8/12/05		LO 50	00079789		
3.	B. Date of filing/registration	in Florida	4. Docur	nent number		
5.	5. The name of the registered Florida Department of State	agent and the registered office	e address as	shown on the	record	s of the
	<u></u>	ORPORATION SERVICE	COMPANY	<u> </u>		b.
	1	Name 201 HAYS STREET	_			
	T	Address ALLAHASSEE, FLORIDA	A 21301			
		City, State and Z	Zip			06 S
6.	5. The name and address of th	he new registered agent and/or	office:			SEP -
	J	UDITH PAOLELLA, MAN	NAGER	_		5 65
	4	Name 316 INTRACOASTAL DE	RIVE			PH 4:
	FI	lorida street address (P.O. Box	NOT acce	ptable)		い。
	Н	IGHLAND BEACH _F LORI	IDA 334	187		- 5
		City, State and Zi	ip			•
ar lia of	confirmed that after the change and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of multiple agreement of multiple agreement.	ny is not organized under the lege or changes are made, the FI registered agent will be identify confirmed that the change(s) deliability company or as other the limited liability company	lorida street ical. Or, in was/were a rwise provid	address of the the case of a F outhorized by a	registe lorida n affin	ered office limited mative vote
(S	Signature of a member or authorized i	representative of a member)				
7	JUDITH PAOLELLA (Printed or typed name of signee)		<u>.</u>		-	
I co	•	nent as registered agent and a fall statutes relative to the pro ccept the obligations of my pos document is being filed to men at the limited liability company	gree to act a per and co sition as res rely reflect has been n	in this capacity mplete perform sistered agent is a change in the otified in writi	, I fur nance of as prov regist ng of t	ther agree to of my duties, vided for in tered office his change.
60	interment of prefinerion referri			,		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00