

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085697

Entity Name: CARVELLI HOLDINGS, LLC

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

183 NW WILLOW GROVE AVENUE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880124  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 30-0338069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARVELLI, JOHN J  
183 NW WILLOW GROVE AVENUE  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

CARVELLI, JOHN J MGRM  
183 NW WILLOW GROVE AVENUE  
PORT ST. LUCIE, FL 34986 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: JOHN CARVELLI

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: CARVELLI, JOHN J MGRM  
Address: 183 NW WILLOW GROVE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MR ( ) Change (X) Addition  
Name: CARVELLI, KAROL MGRM  
Address: 183 NW WILLOW GROVE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN CARVELLI

MR

04/18/2006

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