

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088252

FILED
May 12, 2006
Secretary of State

Entity Name: MASTER CARTER SQUARE INVESTORS, LLC

Current Principal Place of Business:

900 NORTH FEDERAL HIGHWAY SUITE 208
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

900 N. FEDERAL HWY., SUITE 208
HALLANDALE BEACH, FL 33009

Current Mailing Address:

900 NORTH FEDERAL HIGHWAY SUITE 208
HALLANDALE BEACH, FL 33009

New Mailing Address:

900 N. FEDERAL HWY., SUITE 208
HALLANDALE BEACH, FL 33009

FEI Number: **FEI Number Applied For (X)** **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:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHAPIRO, ROBERT L.
900 N. FEDERAL HWY., SUITE 208
HALLANDALE BEACH, FL 33009 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: ROBERT L. SHAPIRO

05/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SHAPIRO, ROBERT L
Address: 900 N. FEDERAL HWY., SUITE 208
City-St-Zip: HALLANDALE BEACH, FL 33009

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: ROBERT L. SHAPIRO

MGRM

05/12/2006

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