

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094072

FILED
Feb 18, 2009
Secretary of State

Entity Name: CARRIAGE SQUARE HOLDINGS LLC

Current Principal Place of Business:

13186 SKYLINE BLVD.
REDWOOD CITY, CA 94062 US

New Principal Place of Business:

Current Mailing Address:

13186 SKYLINE BLVD.
REDWOOD CITY, CA 94062 US

New Mailing Address:

FEI Number: 59-3823267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCARTHY, STACY A MS
624 CAMBRIDGE TERRACE
WESTON, FL 33326 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: MCCARTHY, STACY
Address: 13186 SKYLINE BLVD.
City-St-Zip: REDWOOD CITY, CA US

Title: MGRM () Delete
Name: TURLEY, KIM
Address: 146 SEACLIFF DRIVE
City-St-Zip: APTOS, CA 95003

Title: MGRM () Delete
Name: ROBINSON, MARILE
Address: 749 OAKHILL RD.
City-St-Zip: APTOS, CA 95003

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCCARTHY, STACY
Address: 13186 SKYLINE BLVD.
City-St-Zip: REDWOOD CITY, CA 94062 US

Title: MGRM (X) Change () Addition
Name: LANG, JOHANNA
Address: 4219 TANAGER TERRACE
City-St-Zip: FREMONT, CA 94555

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: STACY MCCARTHY

MGRM

02/18/2009

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