

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90368 026 \*\*\*\*50.00

**DOCUMENT # L05000113467**

1. Entity Name  
**CAROLINA MORTGAGEES ASSOCIATES, LLC**



Principal Place of Business  
**1991 MAIN STREET, SUITE 183  
STE 283  
SARASOTA, FL 34236**

Mailing Address  
**1991 MAIN STREET, SUITE 183  
BOX 183  
SARASOTA, FL 34236**

60010010



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3867223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHEMBRI, JENIFER S  
240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KANE, STANLEY B  
1991 MAIN ST BOX 183  
SARASOTA, FL 34236**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Stanley B Kane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*2/6/07*

Date

Daytime Phone # \_\_\_\_\_