


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3867223	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANE, STANLEY B 1991 MAIN ST BOX 183 SARASOTA, FL 34236
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01/29/08-80031-018 138.75

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: <u>Stanley B Kane</u>	Date: <u>1/22/08</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		