

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117019

Entity Name: CAROLINA ESTATES, LLC

FILED  
Jan 13, 2007  
Secretary of State

**Current Principal Place of Business:**

5334 SE HORSESHOE POINT RD.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

5334 SE HORSESHOE POINT RD.  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 20-4361563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERRARO, NINA L  
1100 S. FEDERAL HIGHWAY  
STUART, FL 34994 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: SKEL, BETTY S  
Address: 5334 SE HORSESHOE POINT RD.  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: WEST, HERBERT A  
Address: 5334 SE HORSESHOE POINT RD.  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HERB WEST

MGRM

01/13/2007

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