

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117019

FILED
Mar 23, 2008
Secretary of State

Entity Name: CAROLINA ESTATES, LLC

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 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: HERBERT WEST

MGRM

03/23/2008

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