2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L05000122627

Entity Name: 319 CAROLINA LLC

Current Principal Place of Business:

1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1000 MARKET ST
SUITE 300
PORTSMOUTH, NH 03801

New Mailing Address:

FEI Number: 59-3829695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRITCHFIELD, RICHARD H
1001 EAST ATLANTIC AVENUE
SUITE 202
DELRAY BEACH, FL 33483 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:	MGR	( ) Delete
Name:	WALSH, MARK	
Address:	1001 EAST ATLANTIC AVENUE, SUITE 202	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGR	( ) Delete
Name:	WALSH, MICHAEL	
Address:	1001 EAST ATLANTIC AVENUE, SUITE 202	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGR	( ) Delete
Name:	WALSH, WILLIAM	
Address:	1001 EAST ATLANTIC AVENUE, SUITE 202	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	MGR	( ) Delete
Name:	ADE, RICHARD C	
Address:	1000 MARKET STREET, SUITE 300	
City-St-Zip:	PORTSMOUTH, NH 03801 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RICHARD C. ADE MGR 01/09/2009

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