2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123627

Entity Name: CARROLLWOOD HOLDINGS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1327 LAKE MIRROR TERRACE NW WINTER HAVEN, FL 33881	

Current Mailing Address:	**New Mailing Address:**
PO BOX 811 WINTER HAVEN, FL 338820811	PO BOX 811 WINTER HAVEN, FL 33882 US

FEI Number: 54-2192232   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SMITH, CHARLES C III 1327 LAKE MIRROR TERRACE NW WINTER HAVEN, FL 33881 US	

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:	**ADDITIONS/CHANGES:**
Title: MGR ( ) Delete Name: SMITH, CHARLES C III Address: P.O. BOX 811 City-St-Zip: WINTER HAVEN, FL 338820811	Title: MGR (X) Change ( ) Addition Name: SMITH, CHARLES C III Address: P.O. BOX 811 City-St-Zip: WINTER HAVEN, FL 33882 US
Title: MGR ( ) Delete Name: SIMONDS, JOSEPH L Address: 306 LAKEBRIDGE CROSSING City-St-Zip: CANTON, GA 30114	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: CHARLES C. SMITH III   PART   07/05/2007
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date