2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000000755

1. Entity Name
L & J CAROLINA LLC

Principal Place of Business	Mailing Address
1230 WESTFIELD DRIVE FORT MYERS, FL 33919 US	PO BOX 1662 FORT MYERS, FL 33902 US

DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4031680	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, KINSEY E JR
9101 W COLLEGE POINTE DR
SUITE 1
FORT MYERS, FL 33919

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	KINSEY, JAMES E JR	
STREET ADDRESS	1230 WESTFIELD DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000848536
03/20/08-80023-001 138.75

DO NOT WRITE
IN THIS SPACE

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: _____ James E Kinsey Jr Mgrm   3/3/08 2399391367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #