


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:33

DOCUMENT # L06000003970 1. Entity Name CAROLINA CLASSIFIEDS.COM LLC					
Principal Place of Business 410 SOUTH WARE BOULEVARD, SUITE 303 TAMPA, FL 33619			Mailing Address 410 SOUTH WARE BOULEVARD, SUITE 303 TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4143767	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARNEY STANTON CHARTERED 901 GEORGE BUSH BOULEVARD DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANDT, RICHARD D 410 SOUTH WARE BOULEVARD, SUITE 303 TAMPA, FL 33619		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT F. PATTERSON 1609 AIRPORT RD MONROE NC 28110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER J. STANTON III 901 GEORGE BUSH BLVD DELRAY BEACH FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400128540284 05/05/08--01047--016 **50.00	
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: 			Date: 4-28-08 813-626-2122		