

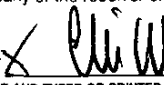


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 011 ****50.00

DOCUMENT # L06000011935					
1. Entity Name CARISMA LLC					
Principal Place of Business 2716 BELLEWATER PL OVIEDO, FL 32765			Mailing Address 2716 BELLEWATER PL OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box # 102 COMMERCE ST.		3. Mailing Address 102 COMMERCE ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LONGWOOD, FL		City & State LONGWOOD, FL		4. FEI Number 51-0565431	
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WADE, CHRISTOPHER 2716 BELLEWATER PL OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: CHRISTOPHER WADE Street Address (P.O. Box Number is Not Acceptable): 102 COMMERCE ST. City: LONGWOOD FL Zip Code: 32750		
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:  DATE: 2/21/07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WADE, CHRISTOPHER 2716 BELLEWATER PL OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LARSON, GINA 2716 BELLEWATER PL OVIEDO, FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:  **2/21/07** **321-244-0159**

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