



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90190 004 ****50.00

DOCUMENT # L06000012531 1. Entity Name CARNELL FAMILY INVESTMENTS, L.L.C.					
Principal Place of Business 6326 AUGUSTA COVE DESTIN, FL 32541 US			Mailing Address 6326 AUGUSTA COVE DESTIN, FL 32541 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4250128	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAVENS, JASON E 4400 EAST HIGHWAY 20 SUITE 211 NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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	MGRM CARNELL, ELIZABETH L 6326 AUGUSTA COVE DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARNELL, WILLIAM R 6326 AUGUSTA COVE DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			9/29/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

60021847

FD-000012531

Form 1139

(Rev August 2006)
Department of the Treasury
Internal Revenue Service

Corporation Application for Tentative Refund

▶ See separate instructions.

OMB No. 1545-0582

▶ Do not file with the corporation's income tax return -- file separately.

Name C & W Embroidery of Florida, Inc.		Employer identification number 20-0306761	
Number, street, and room or suite number. If a P.O. box, see instructions. P. O. Box 1004		Date of incorporation 09/19/03	
City or town Destin		State FL	ZIP code 32540
Daytime phone number			
1 Reason(s) for filing. See instructions -- attach computation	a Net operating loss (NOL) ▶ \$ 3,394.	c Unused general business credit ▶ \$	
	b Net capital loss ▶ \$	d Other ▶ \$	
2 Return for year of loss, unused credit, or overpayment under section 1341(b)(1) ▶	a Tax year ended 12/06	b Date tax return filed 02/22/07	c Service center where filed Ogden, UT 84201-0012
3 If this application is for an unused credit created by another carryback, enter ending date for the tax year of the first carryback			
4 Did a loss result in the release of a foreign tax credit, or is the corporation carrying back a general business credit that was released because of the release of a foreign tax credit (see instructions)? If 'Yes,' the corporation must file an amended return to carry back the released credits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5a Was a consolidated return filed for any carryback year or did the corporation join a consolidated group (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If 'Yes,' enter the tax year ending date and the name of the common parent and its EIN, if different from above (see instructions)?			
6a If Form 1138 has been filed, was an extension of time granted for filing the return for the tax year of the NOL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b If 'Yes,' enter the date to which extension was granted. ▶ c Enter the date Form 1138 was filed ▶			
d Unpaid tax for which Form 1138 is in effect			
7 If the corporation changed its accounting period, enter the date permission to change was granted			
8 If this is an application for a dissolved corporation, enter date of dissolution			
9 Has the corporation filed a petition in Tax Court for the year or years to which the carryback is to be applied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
10 Does this application include a loss or credit from a tax shelter required to be registered? If 'Yes,' attach Form(s) 8271 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Computation of Decrease in Tax See instructions.	2nd preceding tax year ended ▶ 12/31/04		1st preceding tax year ended ▶ 12/31/05		____ preceding tax year ended ▶	
	(a) Before carryback	(b) After carryback	(c) Before carryback	(d) After carryback	(e) Before carryback	(f) After carryback
11 Taxable income from tax return	-2,492.	-2,492.	14,433.	14,433.		
12 Capital loss carryback (see instructions) ..						
13 Subtract line 12 from line 11		-2,492.		14,433.		
14 NOL deduction (see instructions)				3,394.		
15 Taxable income. Subtract line 14 from line 13		0.		11,039.		
16 Income tax	0.	0.	5,052.	1,656.		
17 Alternative minimum tax						
18 Add lines 16 and 17	0.	0.	5,052.	1,656.		
19 General business credit (see instructions) ..						
20 Other credits (see instructions)						
21 Total credits. Add lines 19 and 20						
22 Subtract line 21 from line 18	0.	0.	5,052.	1,656.		
23 Personal holding company tax (Sch PH (Form 1120)) ..						
24 Other taxes (see instructions)						
25 Total tax liability. Add lines 22 through 24 ..	0.	0.	5,052.	1,656.		
26 Enter amount from 'After carryback' column on line 25 for each year	0.		1,656.			
27 Decrease in tax. Subtract line 26 from line 25	0.		3,396.			
28 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) (attach computation)						

Sign
Here

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Keep a copy of
this application
for your records.

Signature of officer

Date

President

Title

Preparer
Other than
Taxpayer

Name ▶ Judson L. Vance & Co., PA

Address ▶ P. O. Box 2546

Tupelo

MS 38803-2546

Date

02/21/07

ATTACHMENT

C & W Embroidery of Florida, Inc. 20-0306761

Form 1139: Corporation Application for Tentative Refund

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Form 1139 Year Smart Worksheet

- A** Check this box if you are filing Form 1139 for the current year (2006) tax return ☒
- B** Check this box if you are filing Form 1139 for a prior year tax return ☐
and enter the ending month and year in the mm/yy format
- C** **Note:** Corporations with tax years beginning after 8/5/97 are subject to the
new two year NOL carryback rule enacted by the Taxpayer Relief Act of 1997.
If this corporation satisfies one of the exceptions to the new rules (see IRS
instructions), enter the portion of the NOL that may be carried back 3 years