2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 20, 2007
Secretary of State

DOCUMENT# L06000014638

Entity Name: CAROL & CROCKER LLC

Current Principal Place of Business:

141 ARAGON AVENUE
CORAL GABLES, FL 331345424 US

New Principal Place of Business:

Current Mailing Address:

141 ARAGON AVENUE
CORAL GABLES, FL 331345424 US

New Mailing Address:

FEI Number: 20-4286076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADRIANZA, CAROL M
141 ARAGON AVENUE
CORAL GABLES, FL 331345424 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: ADRIANZA, CAROL M
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM ( ) Delete
Name: CROCKER, ALEJANDRO
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM (X) Delete
Name: VILORIA, JUAN C
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: VILORIA, JUAN C
Address: 141 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: CAROL M. ADRIANZA MGRM 06/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date