

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016550

Entity Name: CARLI'S ACRES, LLC

FILED  
Feb 07, 2007  
Secretary of State

**Current Principal Place of Business:**

25400 SW 139 AVENUE  
PRINCETON, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 972206  
PERRINE, FL 331972206

**New Mailing Address:**

P.O. BOX 972206  
PERRINE, FL 33197 US

FEI Number: 20-4465226

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRAWFORD, GALE S  
11245 NW 131 ST  
MEDLEY, FL 33178 US

**Name and Address of New Registered Agent:**

CRAWFORD, GALE S  
C/O 11245 NW 131 ST  
MEDLEY, FL 33178 US

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:

02/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CRAWFORD, GALE S  
Address: 18755 SW 21ST STREET  
City-St-Zip: GOULDS, FL 33170

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CRAWFORD, GALE S  
Address: 25400 SW 139TH AVE  
City-St-Zip: PRINCETON, FL 33092

I hereby certify that the information supplied with this filing does not qualify for the 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: GALE S CRAWFORD

MGR

02/07/2007

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