


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90120 025 ****50.00

DOCUMENT # L06000060472	
1. Entity Name CARABELLE COMMERCIAL PROPERTY, LLC	

Principal Place of Business 2735 PARSONS REST TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 3327 TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 2735 Parsons Rest Suite, Apt. #, etc.	3. Mailing Address PO Box 3327 Suite, Apt. #, etc.
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City & State Tallahassee FL	City & State Tallahassee, FL
Zip 32308	Country US
Zip 32315	Country US



01182007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MESSER, BRIAN S 2735 PARSONS REST TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number 76-0833168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 *Brian Messer* **Brian Messer** 2/14/07
Signature, typed or printed name of registered agent and title if applicable. (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MESSER, BRIAN S 2735 PARSONS REST TALLAHASSEE, FL 32308 <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
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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 60B, Florida Statutes.

SIGNATURE: *Brian Messer* **Brian Messer** 850/933/6587
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #