2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-719

Jan 14, 2008 8:00 am **Secretary of State** DOCUMENT # L06000094254 01-14-2008 90049 004 ***143.75 CARÉMELCO, LLC Principal Place of Business Mailing Address 2998 COUNTRY WOODS LANE 2998 COUNTRY WOODS LANE 660001243 PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAZ, CARMENIA ---DO-NOT-WRITE 2998 COUNTRY WOODS LANE PALM HARBOR, FL 34683 IN THIS SPACE 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. annece (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGRM TITLE PAZ, CARMEN A STREET ADDRESS 2998 COUNTRY WOODS LANE CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

FILED

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE OF