


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

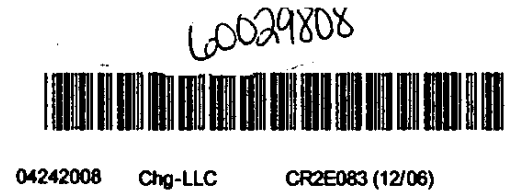
04-28-2008 90038 019 \*\*\*138.75

<b>DOCUMENT # L07000079694</b>	
1. Entity Name <b>CARMICAL HOLDINGS, LLC</b>	

Principal Place of Business <b>18 VIA DELUNA DR - UNIT 402 PENSACOLA BEACH, FL 32561</b>	Mailing Address <b>18 VIA DELUNA DR - UNIT 402 PENSACOLA BEACH, FL 32561</b>
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2. Principal Place of Business - No P.O. Box # <b>21 La Caribe Dr.</b>	3. Mailing Address <b>21 La Caribe Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pensacola Beach Fl.</b>	City & State <b>Pensacola Beach Fl.</b>
Zip <b>32561</b>	Country <b>USA</b>
Zip <b>32561</b>	Country <b>USA</b>



8. Name and Address of Current Registered Agent <b>BEGGS &amp; LANE, A REGISTERED LIMITED LIABILITY PARTNERSHIP 501 COMMENDENCIA ST PENSACOLA, FL 32502</b>	
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4. FEI Number <b>26-0654498</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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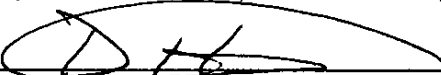
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM David Hightower 500 Commendencia St. Pensacola Fl 32502</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Robert Rinke 21 La Caribe Dr. Pensacola Beach Fl 32561</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Abby Rinke 21 La Caribe Dr Pensacola Beach Fl 32561</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Robert Rinke 21 La Caribe Dr. Pensacola Beach Fl. 32561</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

<b>SIGNATURE:</b> 	<b>4-24-08 850-469-3307</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>