

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105417

FILED
May 12, 2009
Secretary of State

Entity Name: CAROLINA EQUITY PARTNERS, LLC

Current Principal Place of Business:

3524 51ST AVENUE DRIVE WEST
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

3524 51ST AVENUE DRIVE WEST
BRADENTON, FL 34210

New Mailing Address:

FEI Number: 26-3709350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUBERTY, RANDY
3524 51ST AVENUE DRIVE WEST
BRADENTON, FL 34210 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: MGR () Delete
Name: HUBERTY, RANDY
Address: 5531 SIMONTON STREET
City-St-Zip: BRADENTON, FL 34203

Title: MGR () Delete
Name: REFAY, MONA
Address: 5531 SIMONTON STREET
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUBERTY, RANDY
Address: 5522 WHITEHEAD ST
City-St-Zip: BRADENTON, FL 34203

Title: MGR (X) Change () Addition
Name: REFAY, MONA
Address: 5522 WHITEHEAD ST
City-St-Zip: BRADENTON, FL 34203

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: RANDY HUBERTY

MGR

05/12/2009

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