File offor before May 1, 1998 o subject to a \$ 400.00 LATE FE		ty Com	npany will b	e ¬					
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998	Sand Se	dra B. M cretary of				FIL SECRETAR VISION OF C 8 MAR 18			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					,	OTHE TO	F17 12	· 1 /	
1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000498					1a. Principal Place of Business Address				
CARHILL ENTERPRISES, L.C. 1033 EGRET'S WALK CIR UNIT 103 NAPLES FL 34108					1033 EGRET'S WALK CIR UNIT 103 NAPLES FL 34108				
2. Principal Place of Business 1033 EBLET'S WALK CIT	2a. Malling Address				Organize	of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	. #, etc.			05/08/1997 4. Fel Number			FL Andrew Co.	
703 (0 City & State City & Sta		ate			59-8432889			Applied For Not Applicable	
NAPLES F2.	NAPLES,	Count	trv		of Last Re	• • •	6. Certific	cate of Status Desired	
34108	34108	_					\$8.75 Ada	monal Fee Required	
7. Name and Address of Current Registered Agent 8. I					Name and Address of New Registered Agent/Office				
ZAKS, JOSEPH D 4501 TAMIAMI TRAIL N SUITE 300			Street Address (P.O. Box Number is Not Acceptable)						
NAPLES FL 34103			Sulte, Apt. #, etc.						
		City Zip Code							
 Pursuant to the provisions of Sections 608.41 its registered office or registered agent, or both, in as registered agent, and accept the obligations. 	B and 608.508, Florida Sta he State of Florida. Such ch	tutes, the a nange was a	bove-named fimited authorized by affirma	d liability con ative vote of	mpany su a majority	bmits this stater of the members	ment for th s. I hereby s	e purpose of changing accept the appointment	
SIGNATURE					DATE				
10. Title Managing Members/Manag		Business Street Address			City, State and Zip Code				
MGRM CARBONE, JERRY L		1033 EGRET'S WALK			TINU	NAPLES	FL		
MGRM CARBONE, MARY E		1033 EGRET'S WALF		CIR	TINU	NAPLES	FL		
					50	0002: -03/20 ****18	464 /980 38.75	285)1126020 ****188.75	
							d	در	
11. I do hereby certify that the information supplied Indigated on this annual report is true and accurate limited liability company or the receiver or trustee attachment with an address.	and that my signature sha	Ill have the report as re	same legal effect as	s if made un	der oath;	that I am a man	aging men	ber or manager of the	

OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #

SIGNATURE: