

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000498 1. Entity Name CARHILL ENTERPRISES, L.C.	
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Principal Place of Business 2340 MONT CLAIRE DR., #202 NAPLES, FL 34109	Mailing Address 2340 MONT CLAIRE DR., #202 NAPLES, FL 34109
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL N SUITE 300 NAPLES, FL 34103	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2004	U00000054020 02/16/04-80155-007 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONE, JERRY L 2340 MONT CLAIRE DR., #202 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONE, MARY E 2340 MONT CLAIRE DR., #202 NAPLES, FL 34109
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary E. Carbone MARY E. CARBONE 2/12/04 239-594-0184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #