

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

|                                                                                      |                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L97000000498</b><br>1. Entity Name<br><b>CARHILL ENTERPRISES, L.C.</b> |  |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>2340 MONT CLAIRE DR., #202<br/>NAPLES, FL 34109</b> | Mailing Address<br><b>2340 MONT CLAIRE DR., #202<br/>NAPLES, FL 34109</b> |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|



01232006 No Chg. LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3432839</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

**6. Name and Address of Current Registered Agent**

**NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109**

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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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CARBONE, JERRY L<br/>2340 MONT CLAIRE DR., #202<br/>NAPLES, FL 34109</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CARBONE, MARY E<br/>2340 MONT CLAIRE DR., #202<br/>NAPLES, FL 34109</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                      |

**DO NOT WRITE  
IN THIS SPACE**

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 605, Florida Statutes.

**SIGNATURE:** *MARY E. CARBONE*  
*Mary E. Carbone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/27/06* *239-594-0184*  
Date Daytime Phone #