


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M01000001085</b> 1. Entity Name <b>CAROTAM CONTAINER, LLC</b>	
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Principal Place of Business <b>3801A BEAM ROAD SUITE A CHARLOTTE, NC 28217</b>	Mailing Address <b>3801A BEAM ROAD SUITE A CHARLOTTE, NC 28217</b>
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07162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2251592</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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6. Name and Address of Current Registered Agent  <b>PERRY, ARTHUR JR. 2375 GUY N. VERGER BLVD. TAMPA, FL 33605</b>
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**DO NOT WRITE  
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 registering) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

U000000771185  
08/01/07-80008-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOCAN, JASON C 55 WARREN STREET CHARLESTON, SC 29403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PERRY, ARTHUR 16 DAVIS BLVD APT P TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOCAN, DAVID 3517 BRENTWOOD DR GASTONIA, NC 28056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 608, Florida Statutes.

**SIGNATURE:**

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

**Aug. 1, 2007**

**704-423-9300**

Date

Daytime Phone #