

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90295 022 \*\*\*\*50.00

**20025379**



03272006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # M05000002310</b> 1. Entity Name <b>CAROLINA STORES, LLC</b>					
Principal Place of Business <b>2271 S. PINE STREET SPARTANBERG, SC 29302</b>			Mailing Address <b>2271 S. PINE STREET SPARTANBERG, SC 29302</b>		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SPARTANBURG, SC</b>		City & State <b>SPARTANBURG, SC</b>		4. FEI Number <b>51-0481167</b>	
Zip <i>Same</i>		Country <i>Same</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SNODGRASS, BRENDA J 2043 ST. MARTINS DR. W. JACKSONVILLE, FL 32246</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<b>MGRM ZUBER, GORDON</b> <input type="checkbox"/> Delete <b>2271 S. PINE STREET SPARTANBERG, SC 29302</b>		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Gordon Zuber</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3-27-2006 864-582-7199</b> <small>Date Daytime Phone #</small>		