
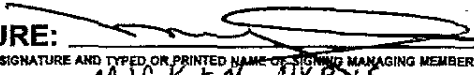


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # M05000006207		
1. Entity Name CARROUSEL BUILDINGS TECHNOLOGY MANAGEMENT, LLC		
Principal Place of Business 110 SKIPPER AVE. FT. WALTON BEACH, FL 32547	Mailing Address 110 SKIPPER AVE. FT. WALTON BEACH, FL 32547	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PYBUS, MICKEY R 110 SKIPPER AVE. FT. WALTON BEACH, FL 32547		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PYBUS, MICKEY R 110 SKIPPER AVE. FT. WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMON, HAROLD J 110 SKIPPER AVE. FT. WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/7/06 Daytime Phone # 850-864-2324



04062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3014247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000521362
05/02/06-80132-018 150.00