


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M94000000163	
1. Entity Name CAROLINA HANDLING, LLC	

Principal Place of Business 3101 PIPER LANE CHARLOTTE, NC 28208	Mailing Address P.O. BOX 7548 CHARLOTTE, NC 28241
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02152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1903315	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO HILTON, THOMAS B 3101 PIPER LANE CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO O'MARA, BILL 3101 PIPER LANE CHARLOTTE, NC 28208
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SWITTENBURG, JAMES F 1955 MONTREAL ROAD TUCKER, GA 30084
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11/25/05-80042-001 55.00

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: Blanche M. Satchell 4-20-05 704-357-6273
SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #