


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000049981</b> 1. Entity Name <b>CARR &amp; PUGH PROPERTIES, LLC</b>		
Principal Place of Business 1117 BOLL WEVIL CIRCLE ENTERPRISE, AL 36330	Mailing Address P.O. BOX 311070 ENTERPRISE, AL 36330	

FILED  
Jul 17, 2008 08:00 AM  
Secretary of State



07092008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>20-0479672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H P.A.**  
**5365 E. COUNTY HIGHWAY 30A, SUITE 105**  
**SEAGROVE BEACH, FL 32459**

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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	PUGH, JOHN D
STREET ADDRESS	P.O. BOX 1388
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGR
NAME	CARR, WILLIAM H
STREET ADDRESS	P.O. BOX 311070
CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
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07/17/08-80003-007-138.75

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 606, Florida Statutes.

SIGNATURE: *William H Carr*      7/15/08      384-347-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #