

2001 UNIFORM BUSINESS REPORT (UBR)

0004779 AF

DOCUMENT # L00000011709
 1. Entity Name
CARTER ROAD, LLC

FILED
 01 APR 18 PM 2:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**341 NORTH MAITLAND AVENUE, SUITE 340
 MAITLAND FL 32751**

Mailing Address
**341 NORTH MAITLAND AVENUE, SUITE 340
 MAITLAND FL 32751**



2. Principal Place of Business
1605 King Arthur Circle

3. Mailing Address
Post Office Box 940877

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Maitland, Florida

City & State
Maitland, Florida

Zip
32751

Country
USA

Zip
32794-0877

Country
USA

4. FEI Number
59-3671104

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**TATICH, PHILIP
 341 NORTH MAITLAND AVENUE, SUITE 340
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Schieferdecker, Howard A. 1605 King Arthur Circle Maitland, Florida 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800004078438-5 -04/25/01--01096--030 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED **4/14/01 (907) 481-3211**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)