


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011736 1. Entity Name CARTER FINANCIAL GROUP, LLC	
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Principal Place of Business 9720 W. BROADVIEW DRIVE BAY HARBOR, FL 33154	Mailing Address 9720 W. BROADVIEW DRIVE BAY HARBOR, FL 33154
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02122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1048541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CARTER, ARNOLD 9720 W. BROADVIEW DR. BAY HARBOR, FL 33154

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD CARTER, ARNOLD P 9720 W. BROADVIEW DRIVE BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD CARTER, SHERI E 9720 W. BROADVIEW DRIVE BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CRAIG 9720 W. BROADVIEW DRIVE BAY HARBOR, FL 33154
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05/13/06-80093-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Arnold Carter ARNOLD CARTER MANAGING 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Director Daytime Phone # _____