2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L01000007625

Entity Name: CARTER BROTHERS, LLC

Current Principal Place of Business:

100 HARTSFIELD CENTER
STE 140
ATLANTA, GA 30354

New Principal Place of Business:

100 HARTSFIELD CENTER
STE 100
ATLANTA, GA 30354

Current Mailing Address:

100 HARTSFIELD CENTER
STE 140
ATLANTA, GA 30354

New Mailing Address:

100 HARTSFIELD CENTER
STE 100
ATLANTA, GA 30354

FEI Number: 65-1104160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	C	( ) Delete
Name:	CARTER, CRIS D	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	
Title:	P	( ) Delete
Name:	CARTER, JOHN F	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	
Title:	SVPS	( ) Delete
Name:	COSTELLO, ROBERT C	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	
Title:	SVPT	( ) Delete
Name:	FOLEY, MARK D	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	
Title:	VP	( ) Delete
Name:	BOARD, STEVEN E	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	
Title:	VP	( ) Delete
Name:	WILLIAMS, BRAD G	
Address:	100 HARTSFIELD CENTER PKWY STE 140	
City-St-Zip:	ATLANTA, GA 30354	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBER COSTELLO SVPS 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date