

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90303 016 ****50.00

DOCUMENT # L02000024494

1. Entity Name

CARTER BOYNTON, LLC



Principal Place of Business

~~908 SOUTH DELANEY AVENUE~~
~~ORLANDO FL 32806~~
US

Mailing Address

~~908 SOUTH DELANEY AVENUE~~
~~ORLANDO FL 32806~~
US

24028517



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3333 S Orange Ave

Suite, Apt. #, etc.

Suite 200

City & State

Orlando FL

Zip
32806-8500

Country
US

3. Mailing Address

P O Box 568821

Suite, Apt. #, etc.

City & State

Orlando FL

Zip
32856-8821

Country
US

4. FEI Number

56-2139963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRAY, PAMELA L
~~908 SOUTH DELANEY AVENUE~~
~~ORLANDO FL 32806~~

7. Name and Address of New Registered Agent

Name

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

3333 S Orange Ave, Suite 200

City

Orlando

FL

Zip Code

328-6-8500

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CARTER, DARYL M
STREET ADDRESS ~~908 SOUTH DELANEY AVENUE~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3333 S Orange Ave, Suite 200
CITY-ST-ZIP Orlando FL 32806-8500

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 15 04

Date

407/422-3144

Daytime Phone #

Daryl M Carter