

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90012 014 \*\*\*\*50.00

<b>DOCUMENT # L03000019892</b>					
<b>1. Entity Name</b> SHERRY JENNINGS CARTER, LLC					
<b>Principal Place of Business</b> 32 E. HENRY COURT SANTA ROSA BEACH, FL 32459			<b>Mailing Address</b> 32 E. HENRY COURT SANTA ROSA BEACH, FL 32459		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> <i>235 N. Anchorage Lane</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006    Chg-LLC    CR2E083 (11/05)	
City & State		City & State <i>Santa Rosa Bch FL</i>		<b>4. FEI Number</b> 20-0103981	
Zip		Country		Applied For Not Applicable	
Zip <i>32459</i>		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
CARTER, SHERRY 32 E. HENRY COURT SANTA ROSA BEACH, FL 32459				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARTER, SHERRY J 32 E. HENRY COURT SANTA ROSA BEACH, FL 32459		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Sherry Carter</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

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