

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034940

FILED
Mar 20, 2009
Secretary of State

Entity Name: CARTER TREE FARM, LLC

Current Principal Place of Business:

1375 W CANAL ST
BELLE GLADE, FL 33430 US

New Principal Place of Business:

1375 W CANAL ST N
BELLE GLADE, FL 33430 US

Current Mailing Address:

P O BOX 1985
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 20-0235114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, HERBERT
1375 W CANAL STREET
BELLE GLADE, FL 33430 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: MGRM () Delete
Name: CARTER, HERBERT
Address: 1375 W CANAL ST
City-St-Zip: BELLE GLADE, FL 33430

Title: MGRM () Delete
Name: CARTER, CLYDE R SR
Address: 714 E CONCORDIA AVENUE
City-St-Zip: CLEWISTON, FL 33440

Title: MGRM () Delete
Name: CARTER, JONATHAN K
Address: 260 CRESTWOOD CIRCLE APT #106
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTER, HERBERT W
Address: 1375 W CANAL ST
City-St-Zip: BELLE GLADE, FL 33430

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: HERBERT W CARTER

MGRM

03/20/2009

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