


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90247 043 \*\*\*138.75

<b>DOCUMENT #</b> L03000053554	
1. Entity Name THOMAS C. CARTER, L.L.C.	

Principal Place of Business C/O AXCESS SPORTS & ENTERTAINMENT, LLC ONE INDEPENDENT DR, STE 2602 JACKSONVILLE, FL 32202	Mailing Address C/O AXCESS SPORTS & ENTERTAINMENT, LLC ONE INDEPENDENT DR, STE 2602 JACKSONVILLE, FL 32202
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**60012882**



2. Principal Place of Business - No P.O. Box # 238 Ponte Vedra Park Drive	3. Mailing Address 238 Ponte Vedra Park Drive
Suite, Apt. #, etc. Ste 102	Suite, Apt. #, etc. Ste 102
City & State Ponte Vedra Beach, FL	City & State Ponte Vedra Beach, FL
Zip 32082	Zip 32082

02062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2429548	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  HUYGHUE, MICHAEL L C/O AXCESS SPORTS & ENTERTAINMENT, LLC ONE INDEPENDENT DR, STE 2602 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 238 Ponte Vedra Park Drive Ste 102 City Ponte Vedra Beach FL Zip Code 32082
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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 THOMAS C CARTER Pres. DATE 2/29/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, THOMAS C PRES. 2202 HEATHER RUN TERRACE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS C CARTER DATE 2/29/09 DAYTIME PHONE # 61042 0348

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

Date

Daytime Phone #